| Facility Name | A BARREL OF MONKEYS FAMILY CHILD CA | F Contact | Keller, Amy M | Full Time | Υ |
|-----------------|-------------------------------------|------------------------|--------------------|-------------------|------------------------------------|
| Address | 314 Hartford Cv | Phone # | 608-849-4648 I | Licensed Capacity | 8 |
| | Waunakee, WI 53597-1071 | Licensed Date | 01/31/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Feb-Feb | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001641 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 0000588070 | Location Number | 001 | | |
| Facility Name | AEHL FAMILY DAY CARE | Contact | Kramer-Aehl, Karen | Full Time | Υ |
| Address | 5007 Wentworth Cir | Phone # | 608-838-7556 I | Licensed Capacity | 8 |
| | Mc Farland, WI 53558-8938 | Licensed Date | 07/08/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131555 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 1000560141 | Location Number | 001 | | |
| Facility Name | A FAMILY OF FRIENDS CHILDCARE | Contact | Jones, Gretchen | Full Time | Υ |
| Address | 2921 Muir Field Rd | Phone # | 608-441-6893 | Licensed Capacity | 6 |
| | Madison, WI 53719 | Licensed Date | 01/17/2002 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004988 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 6000572776 | Location Number | 001 | | |
| Facility Name | ALLISON MAANUM | Contact | Maanum, Allison M | Full Time | Υ |
| Address | 3477 Hargrove St | Phone # | 608-628-0519 | Licensed Capacity | 8 |
| | Madison, WI 53714-2224 | Licensed Date | 03/27/2013 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001444 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 7000587687 | Location Number | 001 | | |
| Facility Name | AMY MOORE FAMILY CHILD CARE | Contact | Moore, Amy | Full Time | Υ |
| Address | 617 Overlook Run | Phone # | 608-203-5232 | Licensed Capacity | 6 |
| | Verona, WI 53593 | Licensed Date | 08/24/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015490 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000577309 | Location Number | 001 | | |

| | | - | _ | | |
|-----------------|-------------------------------|-----------------|---------------------|-------------------|------------------------------------|
| Facility Name | AMY'S DAYCARE | Contact | Hellenbrand, Amy | Full Time | Υ |
| Address | 7240 Lodi Springfield Rd | Phone # | 608-575-0535 | Licensed Capacity | 7 |
| | Lodi, WI 53555-9519 | Licensed Date | 12/13/2013 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001541 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 4000588044 | Location Number | 001 | | |
| Facility Name | ANGIES LIL' MONKEYS | Contact | Killary, Angela L | Full Time | Υ |
| Address | 645 Piper Dr | Phone # | 608-298-7681 | Licensed Capacity | 8 |
| | Madison, WI 53711-1338 | Licensed Date | 04/28/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001743 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000581129 | Location Number | 001 | | |
| Facility Name | ANNIE'S HOUSE LLC | Contact | Olson, Anne | Full Time | Υ |
| Address | 138 Village View Ct | Phone # | 608-835-7973 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 03/15/2000 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130104 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 4000568444 | Location Number | 001 | | |
| Facility Name | ANTHONY'S BILINGUAL PRESCHOOL | Contact | Ugalde, Margarita | Full Time | Υ |
| Address | 2841 Hoard St | Phone # | 608-446-6142 | Licensed Capacity | 8 |
| | Madison, WI 53704-4876 | Licensed Date | 08/15/2013 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001312 | Hours | 07:00 AM-07:00 PM | Star Level | 5 Stars |
| Provider Number | 6000587866 | Location Number | 001 | | |
| Facility Name | BABY CHICKS FAMILY DAY CARE | Contact | Schroeder, Nelida A | Full Time | Υ |
| Address | 726 Christianson Ave | Phone # | 608-441-0508 | Licensed Capacity | |
| | Madison, WI 53714 | Licensed Date | 08/10/2006 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 4 Week(s) |
| Facility ID | 1012689 | Hours | 07:00 AM-07:00 PM | Star Level | 4 Stars |
| Provider Number | 5000581535 | Location Number | 001 | Ctal Level | - Otalo |
| Svider Hullibel | 0000001000 | Location Number | 001 | | |

| Facility Name | BARBIE'S HOME DAY CARE | Contact | Orloff, Barbie Ful | II Time | Υ |
|-----------------|--------------------------|------------------------|-----------------------|----------------|------------------------------------|
| Address | 2106 Sunnyside Cres | Phone # | 608-244-7999 Lic | ensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 05/11/2005 Fro | om Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009646 | Hours | 07:00 AM-07:00 PM Sta | ar Level | 2 Stars |
| Provider Number | 4000574654 | Location Number | 002 | | |
| Facility Name | BARB'S FUN HOUSE | Contact | Liegel, Barbara Ful | II Time | Υ |
| Address | 5922 Monticello Way | Phone # | 608-277-1173 Lic | ensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 02/02/2003 Fro | om Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131197 | Hours | 07:00 AM-05:00 PM | ar Level | Unknown |
| Provider Number | 7000574587 | Location Number | 001 | | |
| Facility Name | BECKY'S DAY CARE SERVICE | Contact | Dubois, Rebecca Ful | II Time | Υ |
| Address | 317 Sunset Dr | Phone # | 608-846-3512 Lic | ensed Capacity | 8 |
| | De Forest, WI 53532-1125 | Licensed Date | 02/18/1997 Fro | om Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131684 | Hours | 06:00 AM-06:00 PM Sta | ar Level | Unknown |
| Provider Number | 3000578083 | Location Number | 001 | | |
| Facility Name | BEST OF FRIENDS | Contact | Gebhard, Kimberly Ful | II Time | Υ |
| Address | 7783 Westman Way | Phone # | 608-833-8676 Lic | ensed Capacity | 8 |
| | Middleton, WI 53562 | Licensed Date | 10/10/2005 Fro | om Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009922 | Hours | 07:00 AM-05:30 PM Sta | ar Level | Unknown |
| Provider Number | 5000573385 | Location Number | 003 | | |
| Facility Name | BETHESDA BABY CENTER | Contact | Peterson, Debbie Ful | II Time | Υ |
| Address | 820 Powers Ave | Phone # | 608-244-8223 Lic | ensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 08/17/2011 Fro | om Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | Age | 1 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015985 | Hours | 07:00 AM-05:00 PM Sta | ar Level | 2 Stars |
| Provider Number | 9000557919 | Location Number | 003 | | |

| Facility Name | BETH'S BOUNCING BABIES | Contact | Hyler, Beth A | Full Time | Υ |
|-----------------|--------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 5225 Brandenburg Way | Phone # | 608-712-8936 | Licensed Capacity | 6 |
| | Madison, WI 53718-6960 | Licensed Date | 02/18/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002207 | Hours | 06:40 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000586184 | Location Number | 001 | | |
| Facility Name | BLESSINGS FROM ABOVE CHILDCARE | Contact | Shugars, Wendy L | Full Time | Υ |
| Address | 5013 Hackney Way | Phone # | 608-246-1820 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 07/08/1997 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007770 | Hours | 07:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 7000560197 | Location Number | 001 | | |
| Facility Name | BLUES FAMILY CHILD CARE | Contact | Mancera, Mery | Full Time | Υ |
| Address | 5 Arther Ct | Phone # | 608-298-9177 | Licensed Capacity | 8 |
| | Madison, WI 53713 | Licensed Date | 11/13/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008700 | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Provider Number | 7000574287 | Location Number | 001 | | |
| Facility Name | BOELTER'S DAY CARE | Contact | Boelter, Joy | Full Time | Υ |
| Address | 710 Pinecrest Dr | Phone # | 608-241-9229 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 11/01/1997 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130058 | Hours | 07:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 7000578537 | Location Number | 001 | | |
| Facility Name | BRENDA HAMILTON DAY CARE INC | Contact | Hamilton, Brenda | Full Time | Υ |
| Address | 1014 Pasadena Pkwy | Phone # | 608-849-9110 | Licensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 04/01/1997 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130580 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 9000577709 | Location Number | 001 | | |
| | | | | | |

| Facility Name | BRENDA'S DAYCARE | Contact | Moser, Brenda | Full Time | Υ |
|-----------------|--------------------------|------------------------|------------------------|--------------------------|------------------------------------|
| Address | 2007 Julius St | Phone # | 608-798-1152 | Licensed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 09/01/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jun-Aug | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016093 | Hours | - | Star Level | Unknown |
| Provider Number | 0000586870 | Location Number | 001 | | |
| Facility Name | BRENDA'S DAYCARE | Contact | Moser, Brenda | Full Time | Υ |
| Address | 2007 Julius St | Phone # | 608-798-1152 | Licensed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 09/01/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Sep-May | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016093 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000586870 | Location Number | 001 | | |
| Facility Name | BRIDGES CHILD CARE | Contact | Mcmurray, Oma Victoria | Full Time | Υ |
| Address | 525 Dunning St | Phone # | 608-249-0949 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/13/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130318 | Hours | 07:30 AM- | Star Level | 4 Stars |
| Provider Number | 4000559014 | Location Number | 001 | | |
| Facility Name | BRIGHT BEGINNINGS | Contact | Denlinger, Jamie | Full Time | Υ |
| Address | 725 Russell St | Phone # | 608-444-7970 | Licensed Capacity | 8 |
| | De Forest, WI 53532-1228 | Licensed Date | 08/22/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001452 | Hours | 06:30 AM-04:30 PM | Star Level | Unknown |
| Provider Number | 8000588288 | Location Number | 001 | | |
| Facility Name | BRIGHT BEGINNINGS | Contact | Tyler, Amber | Full Time | Υ |
| Address | 816 Clover Ln | Phone # | 608-846-1923 | Licensed Capacity | 8 |
| | De Forest, WI 53532-3073 | Licensed Date | 09/28/2010 | From Age | 0 Year(s), 0 Month(s), 9 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015684 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 5000585915 | Location Number | 001 | | |
| | | | | | |

| Address 933 S Holt Cir Madison, WI S Category LICENSED FA Facility ID 1006497 Provider Number 2000574872 Facility Name BRIGHT BEG Address 7713 Twinflow Madison, WI S Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI S Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility ID 8RIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 | | Contact Phone # | Tuttle, Sarah | Full Time | Υ |
|---|------------------------|------------------------|---------------------|--------------------------|------------------------------------|
| Category LICENSED FA Facility ID 1006497 Provider Number 2000574872 Facility Name BRIGHT BEG Address 7713 Twinflow Madison, WI 5 Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility ID 1014444 Provider Number BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | | Phone # | 000 005 0000 | | |
| Category LICENSED FA Facility ID 1006497 Provider Number 2000574872 Facility Name BRIGHT BEG Address 7713 Twinflow Madison, WI 5 Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility ID 1014444 Provider Number BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | VI 53719 | | 608-335-8808 | Licensed Capacity | 8 |
| Facility ID 1006497 Provider Number 2000574872 Facility Name BRIGHT BEG Address 7713 Twinflow Madison, WI 5 Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | | Licensed Date | 12/29/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Provider Number 2000574872 Facility Name BRIGHT BEG Address 7713 Twinflow Madison, WI 5 Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name Address Address Address Facility ID Facility ID Facility ID Facility Name Address Address Facility Name Address | | Hours | 05:30 AM-05:30 PM | Star Level | 5 Stars |
| Address 7713 Twinflow Madison, WI 5 Category LICENSED F/Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG 1109 Morraine Madison, WI 5 Category LICENSED F/Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA 11 N Grand A Deerfield, WI 5 Category LICENSED F/Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | 2 | Location Number | 001 | | |
| Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | EGINNINGS DAY SCHOOL 2 | Contact | Tuttle, Sarah | Full Time | Υ |
| Category LICENSED FA Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | | Phone # | 608-335-8808 | Licensed Capacity | 8 |
| Facility ID 2001560 Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FACILITY ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Deerfield, WI 5 Category LICENSED FACILITY ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | /I 53719-4544 | Licensed Date | 01/01/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Provider Number 2000574872 Facility Name BRIGHT BEG Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Tacility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Address 1109 Morraine Madison, WI 5 Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI 5 Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | 2 | Location Number | 005 | | |
| Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | EGINNINGS DAY SCHOOL 3 | Contact | Heberling, Caroline | Full Time | Υ |
| Category LICENSED FA Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | ine View Dr | Phone # | 608-335-8808 | Licensed Capacity | 8 |
| Facility ID 1014444 Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | /I 53719 | Licensed Date | 07/03/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Provider Number 2000574872 Facility Name BRIGHT IDEA Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number BROWN DEE | | Hours | 07:00 AM-07:00 PM | Star Level | 5 Stars |
| Address 11 N Grand A Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | 2 | Location Number | 004 | | |
| Deerfield, WI Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | EAS | Contact | Snortum, Trudy | Full Time | Υ |
| Category LICENSED FA Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | | Phone # | 608-764-3322 | Licensed Capacity | 8 |
| Facility ID 1013058 Provider Number 2000581972 Facility Name BROWN DEE | VI 53531 | Licensed Date | 11/28/2006 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Provider Number 2000581972 Facility Name BROWN DEE | FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name BROWN DEE | | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| | 2 | Location Number | 001 | | |
| Address 2547 Brown D | EER FAMILY CHILDCARE | Contact | Robbins, Willard | Full Time | Υ |
| | | Phone # | 608-873-0711 | Licensed Capacity | 8 |
| Stoughton, W | WI 53589 | Licensed Date | 06/26/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category LICENSED FA | FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID 130708 | | Hours | 07:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number 8000559788 | | | | | |

| Facility Name | BURBACKS TINY TOT FAMILY DAYCARE | Contact | Burback, Kathy | Full Time | Υ |
|-----------------|----------------------------------|------------------------|-----------------------|--------------------------|------------------------------------|
| Address | 4876 Kirkwood Dr | Phone # | 608-846-2941 | Licensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 01/06/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006229 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000578431 | Location Number | 001 | | |
| Facility Name | BUSY BEES FAMILY DAY CARE | Contact | Poirier, Lynn | Full Time | Υ |
| Address | 1017 Greig Trl | Phone # | 608-873-3204 | Licensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 10/22/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003072 | Hours | 07:00 AM-05:00 PM | Star Level | 3 Stars |
| Provider Number | 2000570562 | Location Number | 001 | | |
| Facility Name | BUTTERFLIES HOME DAY CARE | Contact | Tavarez Paulino, Olga | Full Time | Υ |
| Address | 5333 Golden Leaf Trl | Phone # | 608-246-8563 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Nov | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008684 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 9000575949 | Location Number | 001 | | |
| Facility Name | CALKINS' FAMILY DAY CARE | Contact | Calkins, Ruth | Full Time | Υ |
| Address | 986 Amberson Dr | Phone # | 608-834-8012 | Licensed Capacity | 6 |
| | Sun Prairie, WI 53590 | Licensed Date | 07/01/2003 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008558 | Hours | 06:45 AM-05:15 PM | Star Level | Unknown |
| Provider Number | 9000575869 | Location Number | 001 | | |
| Facility Name | CAMPBELL'S CUDDLERS DAY CARE | Contact | Campbell, Linda | Full Time | Υ |
| Address | 968 Harvest Ln | Phone # | 608-837-8686 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130584 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000558099 | Location Number | 001 | | |

| Facility Name | CARE-A-LOT CHILDCARE | Contact | Abounader, Kelly F | ull Time | Υ |
|-------------------|--|------------------------|----------------------------|------------------|------------------------------------|
| | | | • • | | |
| Address | 5214 Rustling Oaks Ln Mc Farland, WI 53558-9529 | Phone # | 608-838-4704 L | icensed Capacity | 8 |
| | We Fariand, WF 55556-5525 | Licensed Date | 10/28/2003 F | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec T | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007088 | Hours | 06:00 AM-06:00 PM S | Star Level | 2 Stars |
| Provider Number | 9000576959 | Location Number | 001 | | |
| Facility Name | CARITAS ALEGRES FAMILY CHILD CARE | Contact | Munoz, Eisy D F | ull Time | Υ |
| Address | 6405 Woodington Way | Phone # | 608-698-7019 L | icensed Capacity | 8 |
| | Madison, WI 53711-3164 | Licensed Date | 09/21/2009 F | rom Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015685 | Hours | 07:00 AM-07:00 PM S | Star Level | 5 Stars |
| Provider Number | 2000585112 | Location Number | 001 | | |
| Facility Name | CARLA'S CHILD CARE CENTER | Contact | Siddell, Carla F | ull Time | Υ |
| Address | 100 W Verleen Ave | Phone # | 608-849-3292 L | icensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 01/14/1999 F | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec T | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000674 | Hours | 07:00 AM- | Star Level | Unknown |
| Provider Number | 2000578892 | Location Number | 001 | | |
| Facility Name | CAROL'S HOUSE FAMILY DAY CARE | Contact | Sarnosky, Carol F | ull Time | Υ |
| Address | 311 W Verleen Ave | Phone # | 608-850-6671 L | icensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 07/12/1998 F | rom Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003752 | Hours | | Star Level | 2 Stars |
| Provider Number | 1000564271 | Location Number | 001 | | |
| Facility Name | CARRIE CICHON'S CHILD CARE | Contact | | ull Time | Υ |
| Address | 3017 Dorchester Way | Phone # | 608-577-2687 L | icensed Capacity | 8 |
| | Madison, WI 53719-1559 | Licensed Date | | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | | o Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001960 | Hours | | Star Level | Unknown |
| Provider Number | 2000587582 | Location Number | 001 | rtai EGVGI | Olikilowii |
| FIOVIUEI MUITIDEL | 2000001002 | Location Number | 001 | | |

| | | = | _ | | |
|-----------------|----------------------------------|------------------------|-----------------------|--------------------------|------------------------------------|
| Facility Name | CASTLEBERRY CHILDRENS CENTER | Contact | Rathsack Drake, Aimee | Full Time | Υ |
| Address | 5488 Catfish Ct | Phone # | 608-849-7226 | Licensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 06/03/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003517 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 8000558028 | Location Number | 001 | | |
| Facility Name | CATHY'S CHILD CARE | Contact | Empereur, Catherine | Full Time | Υ |
| Address | 3706 N Sherman Ave | Phone # | 608-244-6553 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/27/1997 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 3 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130313 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 2000559862 | Location Number | 001 | | |
| Facility Name | CHILDS PLAY FAMILY DAYCARE | Contact | Hunter, Karleen | Full Time | Υ |
| Address | 4885 Cuba Valley Rd | Phone # | 608-846-8841 | Licensed Capacity | 8 |
| | De Forest, WI 53532-2401 | Licensed Date | 08/23/2001 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003950 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000578394 | Location Number | 001 | | |
| Facility Name | CHIQUITINES FAMILY DAY CARE | Contact | Santibanez, Alba | Full Time | Υ |
| Address | 6309 Waterford Rd | Phone # | 608-298-9345 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 10/14/2001 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009982 | Hours | 05:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 6000573546 | Location Number | 001 | | |
| Facility Name | CHRISTINE PHAN FAMILY CHILD CARE | Contact | Phan, Christine | Full Time | Υ |
| Address | 5409 Raymond Rd | Phone # | 608-271-2061 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 08/06/1998 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130349 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000564367 | Location Number | 001 | | |
| | | | 001 | | |

| Facility Name | CHRYSALIS FAMILY CHILD CARE | | | | |
|-----------------|---|------------------------|--------------------|-------------------|------------------------------------|
| Address | 5 · · · · · · · · · · · · · · · · · · · | Contact | Garrett, Christine | Full Time | Υ |
| Address | 26 Knutson Dr | Phone # | 608-249-8139 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 08/25/1999 | From Age | 0 Year(s), 9 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130074 | Hours | 06:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 6000567296 | Location Number | 001 | | |
| Facility Name | CICHON FAMILY DAY CARE | Contact | Cichon, Karen | Full Time | Υ |
| Address | 718 Arbor Vitae Pl | Phone # | 608-845-9112 | Licensed Capacity | 8 |
| | Verona, WI 53593 | Licensed Date | 08/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130106 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000578730 | Location Number | 001 | | |
| Facility Name | COLLEEN'S CHILD CARE CENTER | Contact | Stuchlik, Colleen | Full Time | Υ |
| Address | 5134 Stage House Trl | Phone # | 608-242-1186 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 08/02/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002972 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 5000564475 | Location Number | 001 | | |
| Facility Name | COLOR MY WORLD FAMILY DAYCARE | Contact | Mckenzie, Becky | Full Time | Υ |
| Address | 6634 Franklin Ave | Phone # | 608-831-7818 | Licensed Capacity | 6 |
| | Middleton, WI 53562 | Licensed Date | 06/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005405 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 6000577746 | Location Number | 001 | | |
| Facility Name | COME AND LEARN FAMILY CHILDCARE | Contact | Barrancas, Rocio | Full Time | Υ |
| Address | 2924 Traceway Dr | Phone # | 608-577-4499 | Licensed Capacity | 8 |
| | Madison, WI 53713-3026 | Licensed Date | 10/24/2011 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Category | | | | = | |
| Facility ID | 2000621 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |

| | | - | _ | | |
|-------------------------|------------------------------------|-----------------|------------------------|----------------------------------|------------------------------------|
| Facility Name | COURTNEYS LITTLE LOVES | Contact | Rosas, Courtney | Full Time | Υ |
| Address | 216 Walnut St | Phone # | 608-501-8190 | Licensed Capacity | 6 |
| | Oregon, WI 53575-1329 | Licensed Date | 09/26/2014 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015873 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 8000586038 | Location Number | 001 | | |
| Facility Name | CREATIVE CARE FOR KIDS | Contact | Peterson-Hind, Lorinda | Full Time | Υ |
| Address | 5813 Driftwood Ave | Phone # | 608-233-9605 | Licensed Capacity | 8 |
| | Madison, WI 53705 | Licensed Date | 07/02/2000 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130724 | Hours | 07:30 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 1000569471 | Location Number | 001 | | |
| Facility Name | CUDDLES AND HUGS FAMILY CHILD CARE | Contact | Gacayan-Read, Jean A | Full Time | Υ |
| Address | 804 Gary St | Phone # | 608-239-1317 | Licensed Capacity | 8 |
| Madison, WI 53716-1716 | Licensed Date | 07/29/2009 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001350 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000584966 | Location Number | 001 | | |
| Facility Name | CUDDLETOWN CHILD CARE | Contact | Cole-Rice, Nancy | Full Time | Υ |
| Address | 5305 Maywood Rd | Phone # | 608-221-1972 | Licensed Capacity | 8 |
| | Monona, WI 53716 | Licensed Date | 09/01/1996 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131505 | Hours | 07:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 1000578401 | Location Number | 001 | | |
| Facility Name | CYNDIE'S LEARNING THRU PLAY | Contact | Harms, Cynthia | Full Time | Υ |
| Address | 5302 Trafalger Pl | Phone # | 608-445-3775 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 06/06/1997 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| | LIOENOED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | | | | |
| Category Facility ID | 1010315 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |

| Address 3405 Snow Madison, W Category LICENSED Facility ID 1015630 Provider Number 900058562 Facility Name DARLING I 416 Wilson Sun Prairie Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 | WI 53719 ED FAMILY 629 G DAY CARE on St rie, WI 53590 | Contact Phone # Licensed Date Months Hours Location Number Contact Phone # Licensed Date | Lien, Dana M 608-497-0549 06/17/2010 Jan-Dec 07:15 AM-05:00 PM 001 Darling, Edna 608-837-6054 | Full Time Licensed Capacity From Age To Age Star Level Full Time | 0 Year(s), 0 Month(s), 6 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) 2 Stars |
|---|---|--|--|--|---|
| Category LICENSED Facility ID 1015630 Provider Number 900058562 Facility Name DARLING I Address 416 Wilson Sun Prairie Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | WI 53719 ED FAMILY 629 G DAY CARE on St rie, WI 53590 | Licensed Date Months Hours Location Number Contact Phone # Licensed Date | 06/17/2010 Jan-Dec 07:15 AM-05:00 PM 001 Darling, Edna | From Age To Age Star Level | 0 Year(s), 0 Month(s), 6 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) 2 Stars |
| Category LICENSED Facility ID 1015630 Provider Number 900058562 Facility Name DARLING I Address 416 Wilson Sun Prairie Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | ED FAMILY 629 G DAY CARE on St rie, WI 53590 | Months Hours Location Number Contact Phone # Licensed Date | Jan-Dec 07:15 AM-05:00 PM 001 Darling, Edna | To Age Star Level | 12 Year(s), 11 Month(s), 0 Week(s) 2 Stars |
| Facility ID 1015630 Provider Number 900058562 Facility Name DARLING I 416 Wilson Sun Prairie Category LICENSED 130191 Provider Number 000055806 Facility ID 130191 Provider Number DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED 1014696 Provider Number 000058539 Facility ID 1014696 Provider Number DAWNIE'S 1306 Drost Madison, W Category LICENSED 1010655 | 629 G DAY CARE on St rie, WI 53590 | Hours Location Number Contact Phone # Licensed Date | 07:15 AM-05:00 PM 001 Darling, Edna | Star Level | 2 Stars |
| Provider Number 900058562 Facility Name DARLING I 416 Wilson Sun Prairie Category LICENSED 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED 1014696 Provider Number 000058539 Facility ID 104696 Provider Number DAWNIE'S 1306 Drost Madison, W Category LICENSED 1010655 | 629 G DAY CARE on St rie, WI 53590 | Location Number Contact Phone # Licensed Date | 001 Darling, Edna | | |
| Facility Name DARLING I Address 416 Wilson Sun Prairie Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Tacility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Tacility ID 1010655 | DAY CARE on St rie, WI 53590 | Contact Phone # Licensed Date | Darling, Edna | Full Time | |
| Address 416 Wilson Sun Prairie Category LICENSED 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED 1014696 Provider Number 000058539 Facility Name DAWNIE'S 1306 Drost Madison, W Category LICENSED 1010655 | on St rie, WI 53590 | Phone # Licensed Date | • | Full Time | |
| Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Tacility ID 1010655 | rie, WI 53590 | Licensed Date | 608-837-6054 | | Υ |
| Category LICENSED Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED | , | | | Licensed Capacity | 8 |
| Facility ID 130191 Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED | ED FAMILY | | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Provider Number 000055806 Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Category LICENSED Tacility ID 1010655 | | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name DAWN ANA Address 5982 Cherr Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | | Hours | 06:30 AM-06:30 PM | Star Level | Unknown |
| Address 5982 Cherr Marshall, W Category LICENSED 1014696 Provider Number 000058539 Facility Name DAWNIE'S 1306 Drost Madison, W Category LICENSED 1010655 | 060 | Location Number | 001 | | |
| Marshall, W Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | NACKER DAYCARE | Contact | Anacker, Dawn | Full Time | Υ |
| Category LICENSED Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | | Phone # | 608-444-5853 | Licensed Capacity | 8 |
| Facility ID 1014696 Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | Marshall, WI 53559 | Licensed Date | 09/16/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Provider Number 000058539 Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | ED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility Name DAWNIE'S Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Address 1306 Drost Madison, W Category LICENSED Facility ID 1010655 | 390 | Location Number | 001 | | |
| Madison, W Category LICENSED Facility ID 1010655 | 'S HOUSE FAMILY DAY CARE | Contact | Toseff, Dawn | Full Time | Υ |
| Category LICENSED Facility ID 1010655 | | Phone # | 608-226-8722 | Licensed Capacity | 8 |
| Facility ID 1010655 | WI 53716 | Licensed Date | 02/28/2005 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| | ED FAMILY | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number 500057943 | | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | 435 | Location Number | 001 | | |
| Facility Name DAWNS DA | | Contact | Norton, Dawn | Full Time | Υ |
| | DAY CARE | Phone # | 608-831-0806 | Licensed Capacity | 8 |
| Middleton, | k Shores Ct | Licensed Date | 07/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category LICENSED | | | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID 1005577 | rk Shores Ct n, WI 53562 | Months | | | |
| Provider Number 100057865 | rk Shores Ct n, WI 53562 | Months Hours | 07:00 AM-05:00 PM | Star Level | Unknown |

| | | _ | | | |
|-------------------------|----------------------------|-----------------|------------------------------|----------------------|--|
| Facility Name | DEB'S FAMILY DAYCARE | Contact | Witucki, Debra S | Full Time | Υ |
| Address | 720 Cumberland Ct | Phone # | 608-576-0241 | Licensed Capacity | 6 |
| | De Forest, WI 53532-1609 | Licensed Date | 11/20/2012 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001495 | Hours | 06:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 7000587547 | Location Number | 001 | | |
| Facility Name | DEB'S HOME AWAY FROM HOME | Contact | Johnson, Debra Ann A | Full Time | Υ |
| Address | 2601 Golden Gate Way | Phone # | 608-255-0519 | Licensed Capacity | 8 |
| | Madison, WI 53713 | Licensed Date | 11/22/1998 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131855 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000564993 | Location Number | 001 | | |
| Facility Name | DE LITTLE HAVEN DAY CARE | Contact | Dehaven, Darcy | Full Time | Υ |
| Address | 18 Eastridge Ct | Phone # | 608-222-4214 | Licensed Capacity | 8 |
| Madison, WI 53716 | Madison, WI 53716 | Licensed Date | 09/16/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005745 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 7000573917 | Location Number | 001 | | |
| Facility Name | DIANAS DAY CARE LLC | Contact | Setzke, Diana | Full Time | Υ |
| Address | 7474 Privett Rd | Phone # | 608-643-7064 | Licensed Capacity | 8 |
| | Sauk City, WI 53583 | Licensed Date | 04/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005204 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000578738 | Location Number | 001 | | |
| Facility Name | DINOSAUR DEN CHILDCARE LLC | Contact | Ingalls, Karen | Full Time | Υ |
| Address | 4999 Hahn Rd | Phone # | 608-846-1863 | Licensed Capacity | 8 |
| | De Forest, WI 53532-1858 | Licensed Date | 01/03/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| | | | J J J 2000 | | 5 . 5a. (5), 5 month (6), 5 month (6) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED FAMILY 1010141 | Months Hours | Jan-Dec 05:30 AM-05:30 PM | To Age Star Level | 10 Year(s), 11 Month(s), 0 Week(s) Unknown |

| Facility Name | DISCOVER AND GROW FCC PRE SCHOOL | Contact | Daggett, Judi | Full Time | Υ |
|-----------------------|----------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 4817 Academy Dr | Phone # | 608-221-4211 | Licensed Capacity | 8 |
| | Madison, WI 53716 | Licensed Date | 07/12/1998 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130893 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 7000564707 | Location Number | 001 | | |
| Facility Name | DONNA'S DAY CARE | Contact | Gottschalk, Donna | Full Time | Υ |
| Address | 3610 Spenser Ln | Phone # | 608-244-1423 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/10/1999 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130458 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000566878 | Location Number | 001 | | |
| Facility Name | DONNA'S DAY CARE FRIENDS FIRST | Contact | Randall, Donna | Full Time | Υ |
| Address | 1348 Thorson Ct | Phone # | 608-767-2622 | Licensed Capacity | 8 |
| Black Earth, WI 53515 | Black Earth, WI 53515 | Licensed Date | 01/03/1999 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131513 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 5000566055 | Location Number | 001 | | |
| Facility Name | DOT'S TOTS | Contact | Thomas, Dorothy | Full Time | Υ |
| Address | 144 Amanda Ct | Phone # | 608-835-5058 | Licensed Capacity | 8 |
| | Oregon, WI 53575-3406 | Licensed Date | 11/11/2013 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001301 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 6000556496 | Location Number | 002 | | |
| Facility Name | DREAM N WINGS FAMILY CHILDCARE | Contact | Tofte, Deborah J | Full Time | Υ |
| Address | 208 Pine St | Phone # | 608-719-8111 | Licensed Capacity | 8 |
| | Stoughton, WI 53589-2375 | Licensed Date | 12/31/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010572 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000570396 | Location Number | 001 | | |
| | | | | | |

| Facility Name | DUCKS IN A ROW DAYCARE | Contact | Anderson, Allison Full | II Time | Υ |
|-----------------|-------------------------------|------------------------|--------------------------------|----------------|------------------------------------|
| Address | 1184 Schuster Rd | Phone # | 608-577-5539 Lice | ensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 04/21/2008 Fro | om Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013075 | Hours | 06:30 AM-05:30 PM Star | ır Level | 2 Stars |
| Provider Number | 9000574499 | Location Number | 003 | | |
| Facility Name | DU FRANES FAMILY CHILD CARE | Contact | Du Frane, Tami Full | II Time | Υ |
| Address | 5206 Forge Dr | Phone # | 608-220-0113 Lice | ensed Capacity | 8 |
| | Madison, WI 53716 | Licensed Date | 08/13/2001 Fro | om Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004313 | Hours | 07:00 AM-06:00 PM Star | ır Level | Unknown |
| Provider Number | 5000578675 | Location Number | 001 | | |
| Facility Name | EARLYBIRD LEARNING CENTER | Contact | Blow, Adrienne Full | II Time | Υ |
| Address | 827 Dane St | Phone # | 608-513-9976 Lice | ensed Capacity | 8 |
| | Madison, WI 53713-1204 | Licensed Date | 03/30/2015 Fro | om Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002165 | Hours | 08:00 AM-05:30 PM Star | ır Level | Unknown |
| Provider Number | 0000588490 | Location Number | 001 | | |
| Facility Name | EHLERS EDUCATIONAL CHILD CARE | Contact | Kasmar, Brenda Full | II Time | Υ |
| Address | 523 West St | Phone # | 608-695-4282 Lice | ensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 09/01/2006 Fro | om Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010957 | Hours | 05:30 AM-05:30 PM Sta l | ır Level | 2 Stars |
| Provider Number | 9000557199 | Location Number | 002 | | |
| Facility Name | ELMORIFIC CHILD CARE | Contact | Rauch, Angela Full | II Time | Υ |
| Address | 230 Summertown Dr | Phone # | 608-770-8997 Lice | ensed Capacity | 8 |
| | Madison, WI 53718 | Licensed Date | 04/03/2009 Fro | om Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014229 | Hours | 07:00 AM-07:00 PM Star | ır Level | 3 Stars |
| Provider Number | 5000574155 | Location Number | 003 | | |

| | ELMOIDE OUIL DRENIC COLICO! | | O Lavariah Lainh Ella | | N |
|-----------------|---------------------------------------|------------------------|----------------------------|--------------------------|------------------------------------|
| Facility Name | ELMSIDE CHILDREN'S SCHOOL | Contact | Caro-Leverich, Leigh Ellen | Full Time | N |
| Address | 525 Elmside Blvd Madison, WI 53704 | Phone # | 608-335-0495 | Licensed Capacity | 8 |
| | Madison, Wi 53704 | Licensed Date | 09/11/2002 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005849 | Hours | 08:00 AM-04:30 PM | Star Level | Unknown |
| Provider Number | 9000578379 | Location Number | 001 | | |
| Facility Name | EMILY'S FAMILY CHILDCARE | Contact | Sonnemann, Emily | Full Time | Υ |
| Address | 225 Merry St | Phone # | 608-770-3059 | Licensed Capacity | 8 |
| | Madison, WI 53704-5231 | Licensed Date | 09/13/2013 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Aug-Jun | To Age | 5 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 2001447 | Hours | 07:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 2000587922 | Location Number | 001 | | |
| Facility Name | ESMERALDAS DAYCARE | Contact | Corona Medina, Maria D | Full Time | Υ |
| Address | 611 Robin Dr | Phone # | 608-834-1860 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 02/01/2001 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015788 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000575009 | Location Number | 001 | | |
| Facility Name | FAIRYLAND DAY CARE CENTER | Contact | Whitaker, Ruthie M | Full Time | Υ |
| Address | 6538 Fairhaven Rd | Phone # | 608-845-5948 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 03/30/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013726 | Hours | 06:30 AM-06:30 PM | Star Level | 2 Stars |
| Provider Number | 1000582371 | Location Number | 001 | | |
| Facility Name | FITCHBURG CAREPLUS PRESCHOOL | Contact | Abrisham, Abby | Full Time | Υ |
| Address | 2899 Osmundsen Rd | Phone # | 608-274-9477 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711 | Licensed Date | 10/05/2010 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015677 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000585948 | Location Number | 001 | - - | |
| | - | | | | |

| Facility Name | FLAD FAMILY DAYCARE | Contact | Flad, Rebecca Full | Time | Υ |
|-----------------|-----------------------------|------------------------|-------------------------------|----------------|------------------------------------|
| Address | 402 St Francis Ct | Phone # | 608-798-5053 Lice | ensed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 08/26/2010 Fron | m Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | \ge | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015280 | Hours | 07:00 AM-04:45 PM Star | · Level | Unknown |
| Provider Number | 5000585775 | Location Number | 001 | | |
| Facility Name | FUN AND HUGS FAMILY DAYCARE | Contact | Ryckman, Shani Full | Time | Υ |
| Address | 111 Georgiana Cir | Phone # | 608-220-1565 Lice | ensed Capacity | 8 |
| | Madison, WI 53716 | Licensed Date | 11/13/2009 Fron | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014743 | Hours | 06:00 AM-06:00 PM Star | · Level | 2 Stars |
| Provider Number | 5000559705 | Location Number | 003 | | |
| Facility Name | FUNNY BUNNY DAY CARE | Contact | Sutton, Kelly Full | Time | Υ |
| Address | 1869 Corinth Dr | Phone # | 608-825-4363 Lice | ensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/08/2003 Fron | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | A ge | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001478 | Hours | 06:30 AM-06:00 PM Star | Level | Unknown |
| Provider Number | 2000575142 | Location Number | 001 | | |
| Facility Name | GERBER BABY HOME CARE | Contact | Gerber, Debra Full | Time | Υ |
| Address | 2614 Norwich St | Phone # | 608-284-7410 Lice | ensed Capacity | 8 |
| | Fitchburg, WI 53711 | Licensed Date | 10/01/1997 Fron | m Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131373 | Hours | 07:00 AM-05:00 PM Star | · Level | Unknown |
| Provider Number | 2000578272 | Location Number | 001 | | |
| Facility Name | GINGER BEAR DAY CARE | Contact | Statz, Vera Full | Time | Υ |
| Address | 602 Fourth St | Phone # | 608-849-5877 Lice | ensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 11/10/2008 Fron | m Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013747 | Hours | 06:30 AM-06:30 PM Star | Level | Unknown |
| Provider Number | 3000570943 | Location Number | 002 | | |

| Facility Name Address Category Facility ID | GIO'S GARDEN INC 2028 Parmenter St Middleton, WI 53562-2628 | Contact Phone # | Madsen, Valerie 608-833-4467 | Full Time Licensed Capacity | Y 8 |
|--|---|------------------------|---------------------------------|--------------------------------|------------------------------------|
| Category | Middleton, WI 53562-2628 | | 608-833-4467 | Licensed Capacity | 8 |
| | | | | | |
| | | Licensed Date | 06/01/2012 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Facility ID | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| | 2000623 | Hours | 09:00 AM-09:00 PM | Star Level | Unknown |
| Provider Number | 6000587296 | Location Number | 001 | | |
| Facility Name | GLORIAS FAMILY DAY CARE | Contact | Noyce, Gloria | Full Time | Υ |
| Address | 320 Ash St | Phone # | 608-835-7756 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 05/19/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005409 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000573332 | Location Number | 001 | | |
| Facility Name | GOTITAS DE AMOR | Contact | Suarez, Maria E | Full Time | Υ |
| Address | 2417 Amherst Rd | Phone # | 608-836-9304 | Licensed Capacity | 8 |
| | Middleton, WI 53562 | Licensed Date | 03/29/2005 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011828 | Hours | 07:00 AM-07:00 PM | Star Level | 4 Stars |
| Provider Number | 9000579559 | Location Number | 001 | | |
| Facility Name | GROWING TOGETHER FAMILY CHILD CARE | Contact | Henneman, Emily | Full Time | Υ |
| Address | 204 S Main St | Phone # | 608-842-0505 | Licensed Capacity | 8 |
| | De Forest, WI 53532-1112 | Licensed Date | 03/05/2009 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014083 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000584494 | Location Number | 001 | | |
| Facility Name | HALF PINTS FAMILY CHILDCARE | Contact | Draper, Amy | Full Time | Y |
| Address | 5304 Cty Hwy N | Phone # | 608-834-9944 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 01/30/2000 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002133 | Hours | 06:30 AM-05:45 PM | Star Level | 2 Stars |
| 1 | 4000568274 | Location Number | 001 | | |

| | | - | _ | | |
|-----------------|----------------------------|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | HAPPY FAMILY DAYCARE | Contact | Haroldson, Jenifer | Full Time | Υ |
| Address | 107 N 4th St | Phone # | 608-712-0488 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-1731 | Licensed Date | 04/04/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012576 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 1000583561 | Location Number | 001 | | |
| Facility Name | HARTOGS FAMILY TREEHOUSE | Contact | Hartog, Eileen | Full Time | Υ |
| Address | 512 Birchwood Trl | Phone # | 608-437-4961 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-2242 | Licensed Date | 02/03/1999 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130726 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 6000566126 | Location Number | 001 | | |
| Facility Name | HELLENBRAND FAMILY DAYCARE | Contact | Hellenbrand, Debby | Full Time | Υ |
| Address | 6135 Sutzfey Cir | Phone # | 608-798-4078 | Licensed Capacity | 8 |
| | Dane, WI 53529 | Licensed Date | 10/01/1997 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 17 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131865 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 2000578772 | Location Number | 001 | | |
| Facility Name | HI HO CHILD CARE CENTER | Contact | Yngsdahl, Carole | Full Time | Υ |
| Address | 1117 Debra Ln | Phone # | 608-241-4890 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/03/1997 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130277 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000557940 | Location Number | 001 | | |
| Facility Name | HOGAR DEL NINO | Contact | Ramirez, Ana B | Full Time | Υ |
| Address | 2201 Tanager Tr | Phone # | 608-278-8255 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 02/17/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011211 | Hours | 05:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 3000574903 | Location Number | 001 | | |
| Provider Number | 3000574903 | Location Number | 001 | | |

| | | _ | _ | | |
|-----------------|-------------------------------|-----------------|-------------------|--------------------------|-------------------------------------|
| Facility Name | HONEYBEES PRESCHOOL FAMILY CC | Contact | Mirkin, Denise | Full Time | Υ |
| Address | 4913 Fond Du Lac Trl | Phone # | 608-233-0304 | Licensed Capacity | 8 |
| | Madison, WI 53705 | Licensed Date | 06/21/1998 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006718 | Hours | 08:00 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 4000564144 | Location Number | 001 | | |
| Facility Name | HONEYPIE FAMILY CHILDCARE | Contact | Moran, Janell | Full Time | Υ |
| Address | 4326 Honeypie Dr | Phone # | 608-838-0232 | Licensed Capacity | 8 |
| | Madison, WI 53718 | Licensed Date | 10/15/2009 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014635 | Hours | 06:30 AM- | Star Level | 5 Stars |
| Provider Number | 4000584984 | Location Number | 001 | | |
| Facility Name | HOVERS HOME DAYCARE | Contact | Hover, Jodi | Full Time | Υ |
| Address | 420 Eisenhower Rd | Phone # | 608-873-8323 | Licensed Capacity | 8 |
| Stought | Stoughton, WI 53589 | Licensed Date | 06/18/2000 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002333 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000569209 | Location Number | 001 | | |
| Facility Name | HUBERT FAMILY DAY CARE | Contact | Hubert, Debra | Full Time | Υ |
| Address | 5878 Roanoke Dr | Phone # | 608-271-5640 | Licensed Capacity | 6 |
| | Fitchburg, WI 53719 | Licensed Date | 02/01/1997 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130912 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 8000578438 | Location Number | 001 | | |
| Facility Name | IN MY GARDEN BILINGUAL | Contact | Viscarra, Andrea | Full Time | Υ |
| Address | 7 Della Ct | Phone # | 608-770-3307 | Licensed Capacity | 8 |
| | Madison, WI 53714-1749 | Licensed Date | 08/25/2008 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| | LICENSED FAMILY | MOHUIS | Jan-Dec | | i i car(o), i i monardo, o viccido) |
| Facility ID | 1013635 | Hours | 07:00 AM-07:00 PM | Star Level | 4 Stars |

| Facility Name | JEANNINE'S FAMILY CARE | Contact | Dimiceli, Jeannine | Full Time | Υ |
|-------------------------|--|------------------------|--------------------|-------------------|------------------------------------|
| Address | 7436 Meadowrue Cir | Phone # | 608-836-1995 | Licensed Capacity | 8 |
| | Middleton, WI 53562 | Licensed Date | 05/08/2000 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Catagomy | LICENSED FAMILY | Months | Jan-Dec | • | 10 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | 1001518 | | 06:30 AM-05:30 PM | To Age | 2 Stars |
| | 5000578705 | Hours | | Star Level | 2 Stars |
| Provider Number | | Location Number | 001 | FII Time | V |
| Facility Name | JENIFER'S JOYOUS ONES | Contact | Cribben, Jenifer | Full Time | Y |
| Address | 106 N Jefferson St Verona, WI 53593 | Phone # | 608-848-4618 | Licensed Capacity | 8 |
| | velolia, vvi 30000 | Licensed Date | 05/02/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009076 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000574777 | Location Number | 002 | | |
| Facility Name | JOAN'S TOT SPOT | Contact | Mrkvicka, Joan | Full Time | Υ |
| Address | 2612 Norwich St | Phone # | 608-358-0678 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711-5450 | Licensed Date | 11/20/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002174 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 2000578932 | Location Number | 004 | | |
| Facility Name | JODI'S DAYCARE | Contact | O'Connor, Jodi | Full Time | Υ |
| Address | 2200 Meadow Green | Phone # | 608-873-5583 | Licensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 12/13/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Cotomomi | LICENSED FAMILY | Months | Jan-Dec | • | |
| Category | | | | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012636 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000583178 | Location Number | 001 | | |
| Facility Name | JOJOS FAMILY CHILDCARE | Contact | Stepanek, Bobbiejo | Full Time | Y |
| Address | 5209 Milwaukee St Madison, WI 53714 | Phone # | 608-230-6675 | Licensed Capacity | 8 |
| | IVIAUISUII, VVI UU <i>I</i> 14 | Licensed Date | 07/11/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013303 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 3000582723 | Location Number | 001 | | |

| Facility Name | JOYFUL NOISE CHILDCARE | Contact | Marchand, Karla | Full Time | Υ |
|-----------------|------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 606 Anthony Ln | Phone # | 608-345-4731 | Licensed Capacity | 8 |
| | Madison, WI 53711-1502 | Licensed Date | 04/10/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001655 | Hours | 07:00 AM-05:15 PM | Star Level | Unknown |
| Provider Number | 8000588138 | Location Number | 001 | | |
| Facility Name | KANGRI-LA FAMILY DAY CARE | Contact | Mckenzie, Vanessa | Full Time | Υ |
| Address | 1013 Spruce St | Phone # | 608-513-8551 | Licensed Capacity | 8 |
| | Madison, WI 53715 | Licensed Date | 02/04/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130433 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 5000571285 | Location Number | 001 | | |
| Facility Name | KAREN'S DAYCARE | Contact | Paulson, Karen | Full Time | Υ |
| Address | 425 Southing Grange | Phone # | 608-839-4690 | Licensed Capacity | 8 |
| | Cottage Grove, WI 53527 | Licensed Date | 12/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009780 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000575930 | Location Number | 001 | | |
| Facility Name | KARMA KIDS FAMILY CHILD CARE | Contact | Walker, Julie | Full Time | Υ |
| Address | 2718 Homestead Rd | Phone # | 608-270-9210 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 05/25/2007 | From Age | 0 Year(s), 0 Month(s), 10 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011929 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 0000582510 | Location Number | 001 | | |
| Facility Name | KATIE'S KIDS LLC | Contact | Jones, Kathryn | Full Time | Υ |
| Address | 745 South Perry Pkwy | Phone # | 608-575-7100 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 04/22/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016012 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000586189 | Location Number | 001 | | |
| | | | | | |

| Address 22 Category L Facility ID 11 Provider Number 7 Facility Name R Address 5 Category L Facility ID 11 | KATY KARE LLC 2918 Manchester Rd Madison, WI 53719 LICENSED FAMILY 1015918 7000585507 KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY 1007792 | Contact Phone # Licensed Date Months Hours Location Number Contact Phone # Licensed Date Months | Kosobucki, Katy 608-819-6300 02/15/2011 Jan-Dec 07:00 AM-05:30 PM 002 Maas, Kelly 608-206-7094 03/25/2001 | Full Time Licensed Capacity From Age To Age Star Level Full Time Licensed Capacity From Age | 0 Year(s), 0 Month(s), 6 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) Unknown |
|--|--|---|---|--|--|
| Category L Facility ID 1 Provider Number 7 Facility Name R Address 5 Category L Facility ID 1 | Madison, WI 53719 LICENSED FAMILY 1015918 7000585507 KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Licensed Date Months Hours Location Number Contact Phone # Licensed Date | 02/15/2011 Jan-Dec 07:00 AM-05:30 PM 002 Maas, Kelly 608-206-7094 03/25/2001 | From Age To Age Star Level Full Time Licensed Capacity | 0 Year(s), 0 Month(s), 6 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) Unknown Y |
| Category L Facility ID 1 Provider Number 7 Facility Name R Address 5 Category L Facility ID 1 | LICENSED FAMILY 1015918 7000585507 KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Months Hours Location Number Contact Phone # Licensed Date | Jan-Dec 07:00 AM-05:30 PM 002 Maas, Kelly 608-206-7094 03/25/2001 | To Age Star Level Full Time Licensed Capacity | 12 Year(s), 11 Month(s), 0 Week(s) Unknown Y 6 |
| Facility ID 1 Provider Number 7 Facility Name 6 Address 5 Category L Facility ID 1 | 1015918 7000585507 KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Hours Location Number Contact Phone # Licensed Date | 07:00 AM-05:30 PM 002 Maas, Kelly 608-206-7094 03/25/2001 | Star Level Full Time Licensed Capacity | Y 6 |
| Provider Number 7 Facility Name 8 Address 5 Category L Facility ID 1 | 7000585507 KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Location Number Contact Phone # Licensed Date | 002 Maas, Kelly 608-206-7094 03/25/2001 | Full Time Licensed Capacity | Y 6 |
| Facility Name Address 5 Category L Facility ID 1 | KELLY'S FAMILY DAY CARE 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Contact Phone # Licensed Date | Maas, Kelly 608-206-7094 03/25/2001 | Licensed Capacity | 6 |
| Address 5 Category L Facility ID 1 | 5643 Montadale St Fitchburg, WI 53711 LICENSED FAMILY | Phone # Licensed Date | 608-206-7094 03/25/2001 | Licensed Capacity | 6 |
| Category L Facility ID 1 | Fitchburg, WI 53711 LICENSED FAMILY | Licensed Date | 03/25/2001 | | |
| Category L Facility ID 1 | LICENSED FAMILY | | | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Facility ID 1 | | Months | | | |
| - | 1007792 | | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Provider Number 2 | | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| | 2000573562 | Location Number | 001 | | |
| Facility Name | KELLY'S KIDS FAMILY DAYCARE | Contact | Marquardt, Kelly | Full Time | Υ |
| Address 7 | 7117 Carnwood Rd | Phone # | 608-320-1516 | Licensed Capacity | 8 |
| M | Madison, WI 53719 | Licensed Date | 06/29/1997 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category L | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID 1 | 130922 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number 8 | 3000560468 | Location Number | 001 | | |
| Facility Name | K G E FAMILY CHILD CARE | Contact | Krehl, Holly | Full Time | Υ |
| | 1901 Shore Acres Rd | Phone # | 608-222-7917 | Licensed Capacity | 8 |
| Ŋ | Monona, WI 53716 | Licensed Date | 07/12/2010 | From Age | 0 Year(s), 0 Month(s), 5 Week(s) |
| Category L | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| | 1015298 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number 2 | 2000585512 | Location Number | 001 | | |
| Facility Name | KID CITY KIDS | Contact | Piazza, Susan | Full Time | Υ |
| Address 5 | 5884 Osborn Dr | Phone # | 608-838-2458 | Licensed Capacity | 8 |
| N N | Mc Farland, WI 53558-9059 | Licensed Date | 07/14/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category L | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| | 1006590 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| | 9000575729 | Location Number | 001 | | |

| Facility Name | KIDDIE CASTLE CHILD CARE | Contact | Brewer, Brenda | Full Time | Υ |
|-----------------|----------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Address | 249 Kierstead Ln | Phone # | 608-719-9616 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 07/01/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004140 | Hours | 06:30 AM-06:30 PM | Star Level | 2 Stars |
| Provider Number | 8000573018 | Location Number | 001 | | |
| Facility Name | KIDS-N-STUFF CHILD CARE | Contact | Dubois, Denise | Full Time | Υ |
| Address | 5034 Sudbury Way | Phone # | 608-576-5977 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 12/07/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015839 | Hours | 07:00 AM-04:30 PM | Star Level | Unknown |
| Provider Number | 3000578783 | Location Number | 003 | | |
| Facility Name | KIDS WORLD INK AND NURSERY | Contact | Brown, Willie Mae | Full Time | Υ |
| Address | 2934 Todd Dr | Phone # | 608-443-6146 | Licensed Capacity | 7 |
| | Madison, WI 53713 | Licensed Date | 05/23/2007 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011845 | Hours | 07:00 AM-07:00 PM | Star Level | 3 Stars |
| Provider Number | 0000567170 | Location Number | 003 | | |
| Facility Name | KIND'S FAMILY DAY CARE | Contact | Kind, Susan | Full Time | Υ |
| Address | 715 West St | Phone # | 608-873-9580 | Licensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 01/04/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130513 | Hours | 05:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000561800 | Location Number | 001 | | |
| Facility Name | K & K FAMILY CHILD CARE | Contact | O'Connor, Kristol A | Full Time | Υ |
| Address | 6230 Lomax Ln | Phone # | 608-271-6686 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 03/01/2002 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005038 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 1000572941 | Location Number | 001 | | |

| | | - | | | |
|-----------------|------------------------------------|-----------------|-----------------------|-------------------|------------------------------------|
| Facility Name | KURTZ FAMILY DAYCARE | Contact | Kurtz, Amber | Full Time | Υ |
| Address | 3005 Allies Ln | Phone # | 608-798-0311 | Licensed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 07/26/2010 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015281 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 5000585675 | Location Number | 001 | | |
| Facility Name | LA GENESE DAYCARE | Contact | Wawa, Emma | Full Time | Υ |
| Address | 1934 Ellen Ave | Phone # | 608-358-1901 | Licensed Capacity | 8 |
| | Madison, WI 53716 | Licensed Date | 06/21/2007 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011981 | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Provider Number | 9000572639 | Location Number | 002 | | |
| Facility Name | LD FAMILY DAY CARE | Contact | Deans, Lynn | Full Time | Υ |
| Address | 212 S Military Rd | Phone # | 608-849-8715 | Licensed Capacity | 8 |
| | Dane, WI 53529 | Licensed Date | 01/07/1992 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130792 | Hours | 06:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 6000572806 | Location Number | 001 | | |
| Facility Name | LEARN N PLAY FAMILY CHILD CARE | Contact | Torres, Chris | Full Time | Υ |
| Address | 5625 Cheryl Dr | Phone # | 608-692-1310 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711 | Licensed Date | 05/04/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131989 | Hours | 07:30 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 8000578398 | Location Number | 001 | | |
| Facility Name | LET THE DRAGONS FLY FAM CHILD CARE | Contact | Davis, Shannon | Full Time | Υ |
| Address | 1113 Tamarack Wy | Phone # | 608-848-8874 | Licensed Capacity | 8 |
| | Verona, WI 53593 | Licensed Date | 02/26/2007 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| | 1011423 | Hours | 07:30 AM-05:00 PM | Star Level | 5 Stars |
| Facility ID | 1011423 | ilouis | 07.0071111 00.001 111 | Otal Editor | o otaro |

| Facility Name | LIL LEARNERS | Contact | Homme, Tara | Full Time | Y |
|-----------------|---------------------------------|------------------------|-----------------------|--------------------------|------------------------------------|
| Address | 426 S Burr Oak Ave | Phone # | 608-235-2157 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 07/12/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015437 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 6000583036 | Location Number | 002 | | |
| Facility Name | LISAS LITTLE ONES | Contact | Christ, Lisa | Full Time | Υ |
| Address | 230 S Burr Oak St | Phone # | 608-445-5194 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 03/23/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012451 | Hours | 07:15 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 8000579558 | Location Number | 001 | | |
| Facility Name | LITTLE DIPPER FAMILY CHILD CARE | Contact | Petranek, Alejandra | Full Time | Υ |
| Address | 7006 Wildberry Dr | Phone # | 608-848-5404 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 10/26/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012871 | Hours | 07:00 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 6000583136 | Location Number | 001 | | |
| Facility Name | LITTLE DREAMERS FAMILY DAYCARE | Contact | Frommherz, Bethanie A | Full Time | Υ |
| Address | 2569 Chesapeake Dr | Phone # | 608-237-6059 | Licensed Capacity | 7 |
| | Fitchburg, WI 53719-1691 | Licensed Date | 11/10/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000213 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 2000585212 | Location Number | 001 | | |
| Facility Name | LITTLE EXPLORERS FAMILY DAYCARE | Contact | Evans, Jeri | Full Time | Υ |
| Address | 6934 Mill Bluff Dr | Phone # | 608-235-1647 | Licensed Capacity | 8 |
| | Madison, WI 53718-3214 | Licensed Date | 05/17/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012588 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 1000583121 | Location Number | 001 | | |
| | | | | | |

| Facility Name | LITTLE GREEN STEPS LLC | Contact | Manera, Evangelina L Fu | ull Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------------|-----------------|------------------------------------|
| Address | 436 Bowlavard Ave | Phone # | 608-424-0017 Lie | censed Capacity | 8 |
| | Belleville, WI 53508-9129 | Licensed Date | 08/28/2012 Fro | rom Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001704 | Hours | 06:00 AM-06:00 PM Sta | tar Level | 3 Stars |
| Provider Number | 6000587436 | Location Number | 001 | | |
| Facility Name | LITTLE LAMB'S CHILD CARE CENTER | Contact | Gjonnes, Sharlene Fu | ull Time | Υ |
| Address | 532 Dahl Dr | Phone # | 608-846-6827 Lic | censed Capacity | 8 |
| | De Forest, WI 53532-1553 | Licensed Date | 09/01/2002 Fro | rom Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002983 | Hours | 06:00 AM-06:00 PM Sta | tar Level | Unknown |
| Provider Number | 9000558419 | Location Number | 002 | | |
| Facility Name | LITTLE LEARNERS FAMILY CHILD CARE | Contact | Ramsey, Nichole M Fu | ull Time | Υ |
| Address | 5314 Milwaukee St | Phone # | 608-957-9115 Lic | censed Capacity | 8 |
| | Madison, WI 53714-2117 | Licensed Date | 05/24/2012 Fro | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002180 | Hours | 07:30 AM-05:00 PM Sta | tar Level | 5 Stars |
| Provider Number | 0000587280 | Location Number | 001 | | |
| Facility Name | LITTLE RASCALS FAMILY DAY CARE | Contact | Flocca, Mary Jo Fu | ull Time | Υ |
| Address | 2884 Skyline Ln | Phone # | 608-873-4727 Lie | censed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 06/26/1998 Fre | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130469 | Hours | 06:30 AM-05:00 PM Sta | tar Level | 5 Stars |
| Provider Number | 8000564148 | Location Number | 001 | | |
| Facility Name | LITTLE SPROUTS DAYCARE | Contact | Boehnen, Ann Fu | ull Time | Υ |
| Address | 3123 Melody Pkwy | Phone # | 608-798-2113 Lie | censed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 02/15/2005 Fro | rom Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec To | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010333 | Hours | 07:00 AM-05:00 PM Sta | tar Level | Unknown |
| Provider Number | 3000579393 | | | | |

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|-----------------|-----------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Facility Name | LITTLE SPROUTS FAMILY DAYCARE | Contact | Maanum, Allison M | Full Time | Υ |
| Address | 3477 Hargrove St | Phone # | 608-628-0519 | Licensed Capacity | 8 |
| | Madison, WI 53714-2224 | Licensed Date | 03/27/2013 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001444 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 7000587687 | Location Number | 001 | | |
| Facility Name | LITTLE SPROUTS FAMILY DAYCARE I I | Contact | Maanum, Allison | Full Time | Υ |
| Address | 3481 Hargrove St | Phone # | 608-628-0519 | Licensed Capacity | 8 |
| | Madison, WI 53714-2224 | Licensed Date | 11/26/2014 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002044 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 7000587687 | Location Number | 002 | | |
| Facility Name | LITTLE STARS DAYCARE | Contact | Wenner, Lasa | Full Time | Υ |
| Address | 4513 Pawnee Pass | Phone # | 608-665-3378 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711-4711 | Licensed Date | 03/29/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000509 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 9000587199 | Location Number | 001 | | |
| Facility Name | LITTLE STARS FAMILY CHILDCARE | Contact | Santek, Michelle | Full Time | Υ |
| Address | 523 Martin St | Phone # | 608-772-9516 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/01/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010634 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 8000576958 | Location Number | 001 | | |
| Facility Name | LITTLE TREASURES FAMILY DAYCARE | Contact | Pogue, Renee | Full Time | Υ |
| Address | 6933 Mill Bluff Dr | Phone # | 608-886-3540 | Licensed Capacity | 8 |
| | Madison, WI 53718-3215 | Licensed Date | 05/31/2013 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| | | | | • | () () () () () |
| Facility ID | 2001124 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |

| Facility Name | LORI'S FAMILY DAY CARE | Contact | Hetzel, Lori | Full Time | Υ |
|-----------------|--------------------------------|--|---|--------------------------|---|
| Address | 808 Spahn Dr | Phone # | 608-849-7838 | Licensed Capacity | 7 |
| | Waunakee, WI 53597 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131271 | Hours | 06:30 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 9000558109 | Location Number | 001 | | |
| Facility Name | LOS PITUFITOS | Contact | Gonzalez, Claudia | Full Time | Υ |
| Address | 5451 Williamsburg Way 108 | Phone # | 608-630-8172 | Licensed Capacity | 6 |
| | Fitchburg, WI 53719-1642 | Licensed Date | 07/24/2006 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012938 | Hours | 07:00 AM-07:00 PM | Star Level | 4 Stars |
| Provider Number | 6000581446 | Location Number | 001 | | |
| Facility Name | LOS RAYADITOS | Contact | Fonseca, Teresa | Full Time | Υ |
| Address | 4538 Jenewein Rd | Phone # | 608-512-9044 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711-4710 | Licensed Date | 08/18/2008 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000693 | Hours | 08:00 AM-08:00 PM | Star Level | 4 Stars |
| Provider Number | 2000584062 | Location Number | 001 | | |
| Facility Name | LOVE AND LEARN CHILD CARE | Contact | Offerdahl, Heidi | Full Time | Υ |
| Address | 3414 Selleck Ln | Phone # | 608-836-8279 | Licensed Capacity | 8 |
| | Middleton, WI 53562 | Licensed Date | 06/17/1997 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131807 | Hours | 06:30 AM-06:30 PM | Star Level | Unknown |
| Provider Number | 2000559182 | Location Number | 001 | | |
| Facility Name | LUV 'N LEARN FAMILY CHILD CARE | Contact | Moore, Chrissy | Full Time | Υ |
| Address | 613 Chokecherry Trl | Phone # | 608-695-2077 | Licensed Capacity | 8 |
| | De Forest, WI 53532-1405 | Licensed Date | 05/18/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015299 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 3000585513 | Location Number | 001 | | 2 |
| | | 2004.10.1.11.11.11.11.11.11.11.11.11.11.11.1 | • | | |

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|-------------------------|----------------------------|------------------------|------------------------------|-------------------|------------------------------------|
| Facility Name | LYNN'S FAMILY DAY CARE | Contact | Burnstad, Lynn | Full Time | Υ |
| Address | 1029 Juniper St | Phone # | 608-837-9181 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130685 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 1000558111 | Location Number | 001 | | |
| Facility Name | MADISON CAREPLUS PRESCHOOL | Contact | Rassam Haghighi, Sina | Full Time | Υ |
| Address | 1010 S Midvale Blvd | Phone # | 608-271-7719 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 11/01/2005 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009820 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 9000567169 | Location Number | 002 | | |
| Facility Name | MAMA'S DAY CARE | Contact | Zaman, Shagufta | Full Time | Υ |
| Address | 5349 Brody Dr | Phone # | 608-233-2516 | Licensed Capacity | 8 |
| | Madison, WI 53705 | Licensed Date | 04/01/2002 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001040 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000575966 | Location Number | 001 | | |
| Facility Name | MAMI FAMILY DAY CARE | Contact | Torres Miranda, Leonor | Full Time | Υ |
| Address | 4410 Dwight Dr 2 | Phone # | 608-244-3570 | Licensed Capacity | 5 |
| | Madison, WI 53704-3563 | Licensed Date | 01/05/2010 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001004 | Hours | 07:30 AM-07:00 PM | Star Level | 4 Stars |
| Provider Number | 5000585355 | Location Number | 001 | | |
| Facility Name | M AND M FAMILY DAYCARE | Contact | Peterson, Melissa | Full Time | Υ |
| Address | 4505 Maryland Dr | Phone # | 608-243-8402 | Licensed Capacity | 6 |
| | Madison, WI 53704 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| | | | L. D. | • | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED FAMILY 1001899 | Months Hours | Jan-Dec 06:30 AM-05:30 PM | Star Level | 5 Stars |

| Facility Name | M AND M'S LEARN AND PLAYCARE CENTER | ₹ Contact | Halverson, Maryanne | Full Time | Υ |
|-----------------|-------------------------------------|------------------------|---------------------|--------------------------|------------------------------------|
| Address | 602 Hickory Ct | Phone # | 608-556-2955 | Licensed Capacity | 8 |
| | Verona, WI 53593-1619 | Licensed Date | 04/09/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000570 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 1000587201 | Location Number | 001 | | |
| Facility Name | M AND M'S LEARN AND PLAYCARE CENTER | ₹ Contact | Halverson, Merl | Full Time | Υ |
| Address | 561 Hickory Ct | Phone # | 608-577-8863 | Licensed Capacity | 8 |
| | Verona, WI 53593-1618 | Licensed Date | 11/03/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002134 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 1000587201 | Location Number | 002 | | |
| Facility Name | MARY LAUFENBERG FAMILY CHILD CARE | Contact | Laufenberg, Mary | Full Time | Υ |
| Address | 217 Kay Dr | Phone # | 608-849-7372 | Licensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 09/19/2005 | From Age | 0 Year(s), 0 Month(s), 10 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009706 | Hours | 06:30 AM-04:30 PM | Star Level | 3 Stars |
| Provider Number | 6000580176 | Location Number | 001 | | |
| Facility Name | MARY'S FAMILY DAY CARE | Contact | Payne, Mary F | Full Time | Υ |
| Address | 516 Lavern Ridge Rd | Phone # | 608-437-2868 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-3616 | Licensed Date | 05/24/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010472 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000581230 | Location Number | 001 | | |
| Facility Name | MATUSH FAMILY DAYCARE | Contact | Matush, Jana | Full Time | Υ |
| Address | 606 Snyder Dr | Phone # | 608-849-9090 | Licensed Capacity | 8 |
| | Dane, WI 53529 | Licensed Date | 11/24/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007250 | Hours | 06:00 AM-05:00 PM | Star Level | 3 Stars |
| Provider Number | 5000578295 | Location Number | 001 | | |

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|-----------------|-----------------------------|------------------------|---------------------|-------------------|------------------------------------|
| Facility Name | MICHELLE'S CHILD CARE | Contact | Offerdahl, Michelle | Full Time | Υ |
| Address | 4121 Grayhawk Trl | Phone # | 608-301-0788 | Licensed Capacity | 7 |
| | Madison, WI 53704 | Licensed Date | 09/14/2005 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009732 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 1000580211 | Location Number | 001 | | |
| Facility Name | MI PRIMER ABC | Contact | Hernandez, Alma | Full Time | Υ |
| Address | 9 Merrill Crest Dr | Phone # | 608-556-2917 | Licensed Capacity | 8 |
| | Madison, WI 53705-2703 | Licensed Date | 11/17/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015722 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 8000585898 | Location Number | 001 | | |
| Facility Name | MIS PRIMEROS PASOS AL EXITO | Contact | Lopez, Antonieta | Full Time | Υ |
| Address | 4804 Buckeye Rd | Phone # | 608-237-7124 | Licensed Capacity | 8 |
| | Madison, WI 53716 | Licensed Date | 05/01/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013957 | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Provider Number | 3000572793 | Location Number | 001 | | |
| Facility Name | MONICA LAUBY | Contact | Lauby, Monica | Full Time | Υ |
| Address | 1605 Angel Crest Way | Phone # | 608-222-8283 | Licensed Capacity | 6 |
| | Madison, WI 53716 | Licensed Date | 03/24/2009 | From Age | 0 Year(s), 4 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013949 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 9000584349 | Location Number | 001 | | |
| Facility Name | MONKEYING AROUND PRESCHOOL | Contact | Esser, Anne | Full Time | Υ |
| Address | 1903 Cross St | Phone # | 608-798-4721 | Licensed Capacity | 8 |
| | Cross Plains, WI 53528 | Licensed Date | 03/08/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014752 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| - | | | | | |

| Facility Name | MONTESSORI FAMILY DAYCARE | Contact | Hayes, Sharon | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 14 Fleischman Cir | Phone # | 608-630-1159 | Licensed Capacity | 8 |
| | Madison, WI 53719-4101 | Licensed Date | 03/28/2014 | From Age | 1 Year(s), 8 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001620 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000588113 | Location Number | 001 | | |
| Facility Name | MS RUDIE'S FAMILY DAY CARE | Contact | Fox, Ruth Ann | Full Time | Υ |
| Address | 5414 Woodley Ln | Phone # | 608-223-4015 | Licensed Capacity | 6 |
| | Madison, WI 53713 | Licensed Date | 10/11/1999 | From Age | 0 Year(s), 4 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 132003 | Hours | 05:45 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 2000567572 | Location Number | 001 | | |
| Facility Name | MY FAVORITE CHILDCARE LLC | Contact | Hennick, Victoria | Full Time | Υ |
| Address | 6 Aaron Ct | Phone # | 608-223-1681 | Licensed Capacity | 6 |
| | Madison, WI 53716-2401 | Licensed Date | 11/11/2003 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014045 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000576151 | Location Number | 001 | | |
| Facility Name | NANCY BRADLEY EARLY CHILDHOOD ED | Contact | Bradley, Nancy | Full Time | Υ |
| Address | 108 S Mills St | Phone # | 608-258-9727 | Licensed Capacity | 8 |
| | Madison, WI 53715 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130891 | Hours | 07:30 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 7000558137 | Location Number | 001 | | |
| Facility Name | NURTURE AS WE GROW FAMILY CHILDCAF | ₹ Contact | Roehling, Jamie | Full Time | Υ |
| Address | 4651 Treichel St | Phone # | 608-576-1291 | Licensed Capacity | 8 |
| | Madison, WI 53718-6948 | Licensed Date | 12/30/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001850 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 5000588425 | Location Number | 001 | | |
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|-----------------|--------------------------------|-----------------|--------------------|-------------------|--|
| Facility Name | ON THE RIGHT FOOT PRESCHOOL CC | Contact | Bishop, Kathryn | Full Time | Υ |
| Address | 6910 Southwind Cir | Phone # | 608-846-7887 | Licensed Capacity | 8 |
| | Windsor, WI 53598 | Licensed Date | 07/14/1997 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003049 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000560426 | Location Number | 001 | | |
| Facility Name | PALETA FAMILY CHILDCARE | Contact | Leporace, Fernanda | Full Time | Υ |
| Address | 1907 E Washington Ave | Phone # | 608-772-0931 | Licensed Capacity | 8 |
| | Madison, WI 53704-5203 | Licensed Date | 11/03/2010 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015782 | Hours | 07:30 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 5000582135 | Location Number | 003 | | |
| Facility Name | PAM COLLINS' DAYCARE | Contact | Collins, Pam | Full Time | Υ |
| Address | 302 Meadow View Rd | Phone # | 608-206-5748 | Licensed Capacity | 6 |
| | Mount Horeb, WI 53572-1462 | Licensed Date | 01/14/2008 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012574 | Hours | 07:15 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000583343 | Location Number | 001 | | |
| Facility Name | PARK PLAY DAYCARE | Contact | La Berge, Deborah | Full Time | Υ |
| Address | 405 S Jefferson St | Phone # | 608-845-9448 | Licensed Capacity | 8 |
| | Verona, WI 53593 | Licensed Date | 08/04/2002 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131134 | Hours | 07:30 AM-05:15 PM | Star Level | Unknown |
| Provider Number | 8000573638 | Location Number | 001 | | |
| Facility Name | PEASE IN A POD DAYCARE | Contact | Pease, Holly | Full Time | Υ |
| Address | 524 Janesville St | Phone # | 608-469-4294 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 11/20/2000 | From Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | | M = 41 | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | 10 Age | 12 1 Cal (3), 11 Mortal (3), 0 WCCK(3) |
| Facility ID | LICENSED FAMILY 1002444 | Months Hours | 06:45 AM-05:30 PM | Star Level | Unknown |

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|-------------------------|------------------------------------|-----------------------|------------------------|-------------------|------------------------------------|
| Facility Name | PEKOL FAMILY DAY CARE | Contact | Pekol, Elizabeth | Full Time | Υ |
| Address | 316 Lucille St | Phone # | 608-848-4829 | Licensed Capacity | 6 |
| | Verona, WI 53593 | Licensed Date | 08/01/1998 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131806 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 3000578723 | Location Number | 001 | | |
| Facility Name | PELICAN LET M AND N INC | Contact | Letavina, Natalia | Full Time | Υ |
| Address | 1303 Drake St | Phone # | 608-515-4469 | Licensed Capacity | 8 |
| | Madison, WI 53715-1631 | Licensed Date | 02/16/2015 | From Age | 1 Year(s), 5 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 3 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002229 | Hours | 08:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000588461 | Location Number | 001 | | |
| Facility Name | PEQUENAS MARIPOSAS | Contact | Gorces Viera, Yolanda | Full Time | Υ |
| Address | 1001 Dane St | Phone # | 608-274-4016 | Licensed Capacity | 8 |
| | Madison, WI 53713 | Licensed Date | 11/01/2010 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015771 | Hours | 07:30 AM-07:30 PM | Star Level | 2 Stars |
| Provider Number | 0000579960 | Location Number | 002 | | |
| Facility Name | PEQUENOS TRAVIESOS FAMILY DAY CARE | Contact | Soto, Erika | Full Time | Υ |
| Address | 2512 Red Arrow Trl | Phone # | 608-274-4903 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711 | Licensed Date | 10/18/2007 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013359 | Hours | 07:00 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 2000583112 | Location Number | 001 | | |
| Facility Name | PLAY CARE | Contact | Tremelling, Mary Ellen | Full Time | Υ |
| Address | 2741 Jacquelyn Dr | Phone # | 608-278-0253 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711 | | 06/20/4007 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| | Titoliburg, Wi 557 Ti | Licensed Date | 06/20/1997 | i ioiii Age | 0 1 car(3), 0 month(3), 2 week(3) |
| Category | LICENSED FAMILY | Licensed Date Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | - | | | • | |

| Facility Name | PRECIOUS TIMES CHILD CARE | Contact | Fehrman, Nancy | Full Time | Υ |
|-----------------|-----------------------------|-----------------|---------------------------|-------------------|------------------------------------|
| Address | 3710 Newton Ct | Phone # | 608-836-1944 | Licensed Capacity | 8 |
| | Middleton, WI 53562 | Licensed Date | 06/17/1997 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131668 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000559192 | Location Number | 001 | | |
| Facility Name | RAINBOW FAMILY CHILD CARE | Contact | Rainbow, Peggy | Full Time | Υ |
| Address | 5902 Stanton Ln | Phone # | 608-274-4099 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 06/20/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130087 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 9000559559 | Location Number | 001 | | |
| Facility Name | RAINBOW FAMILY DAY CARE | Contact | Trainor, Beth | Full Time | Υ |
| Address | 315 Maple Dr | Phone # | 608-437-4212 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-3303 | Licensed Date | 08/06/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131051 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 6000569376 | Location Number | 001 | | |
| Facility Name | RINCONCITO DE LUZ CHILDCARE | Contact | Ahiquele-Ortega, Silvia A | Full Time | Υ |
| Address | 1334 Glacier Hill Dr | Phone # | 608-242-7091 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 04/23/2007 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012999 | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Provider Number | 7000582447 | Location Number | 001 | | |
| Facility Name | RISING SUN DAYCARE | Contact | Obrien, Mindy | Full Time | Υ |
| Address | 3149 Maple Grove Dr | Phone # | 608-848-5742 | Licensed Capacity | 6 |
| | Madison, WI 53719-5011 | Licensed Date | 03/03/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001577 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000585414 | Location Number | 001 | | |
| | | | | | |

| Facility Name | ROBIN'S NEST DAY CARE | Contact | Ehrler, Robin | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 513 Wilson St | Phone # | 608-438-8794 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 12/29/2002 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131837 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 5000574545 | Location Number | 001 | | |
| Facility Name | ROCKIN ROOSTER DAY CARE | Contact | Johnson, Lakisha | Full Time | Υ |
| Address | 3101 Todd Dr | Phone # | 608-230-6541 | Licensed Capacity | 8 |
| | Madison, WI 53713 | Licensed Date | 04/22/2008 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013091 | Hours | 05:00 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 2000573302 | Location Number | 002 | | |
| Facility Name | SHANANNYGANS CHILDCARE CENTER LLC | Contact | Reasby, Angela J | Full Time | Υ |
| Address | 510 Harvest Ln | Phone # | 608-577-9644 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 07/01/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 1014944 | Hours | 08:30 AM-08:30 PM | Star Level | 5 Stars |
| Provider Number | 9000585039 | Location Number | 001 | | |
| Facility Name | SHANNON BRUNS | Contact | Bruns, Shannon | Full Time | Υ |
| Address | 4850 Autumn Leaf Ct | Phone # | 608-846-1819 | Licensed Capacity | 8 |
| | Waunakee, WI 53597 | Licensed Date | 04/01/2008 | From Age | 0 Year(s), 7 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012872 | Hours | 07:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 0000583430 | Location Number | 001 | | |
| Facility Name | SHARON'S TOYBOX DAYCARE | Contact | Zembrycki, Sharon | Full Time | Υ |
| Address | 1012 N Thompson Dr | Phone # | 608-241-1793 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 06/05/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003698 | Hours | 05:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 6000558166 | Location Number | 001 | | |
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|-----------------|------------------------------|-----------------|----------------------|-------------------|------------------------------------|
| Facility Name | SHINING STARS | Contact | Johnson, Stacey | Full Time | Υ |
| Address | 3014 Maple Valley Dr | Phone # | 608-848-2738 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 09/21/1997 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013922 | Hours | 07:00 AM-07:00 PM | Star Level | 4 Stars |
| Provider Number | 1000561331 | Location Number | 001 | | |
| Facility Name | SHURRUSH DAY CARE | Contact | Shurrush, Salimeh | Full Time | Υ |
| Address | 1717 Wicklow Way | Phone # | 608-274-2909 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 06/05/1997 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130035 | Hours | 07:30 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 0000558160 | Location Number | 001 | | |
| Facility Name | SILLY GOOSE DAYCARE | Contact | Fleischauer, Jessica | Full Time | Υ |
| Address | 7001 East Pass Unit A | Phone # | 715-821-1821 | Licensed Capacity | 5 |
| | Madison, WI 53719 | Licensed Date | 04/05/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001138 | Hours | 07:00 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 2000587702 | Location Number | 001 | | |
| Facility Name | SIMPLY KIDS | Contact | Kuehn, Nicole | Full Time | Υ |
| Address | 1024 Gilrust Ave | Phone # | 608-873-3841 | Licensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 08/29/2008 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013630 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 6000584076 | Location Number | 001 | | |
| Facility Name | SMALL SIZE CHILD CARE CENTER | Contact | Zuleger, Devon | Full Time | Υ |
| Address | 4201 Dwight Dr | Phone # | 608-206-1620 | Licensed Capacity | 6 |
| | Madison, WI 53704-3517 | Licensed Date | 07/02/2013 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 2 Year(s), 11 Month(s), 0 Week(s) |
| | LICENSED I AMILI | months | | | |
| Facility ID | 2001182 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |

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|-------------------------|---------------------------------|-----------------|------------------------------|----------------------|--|
| Facility Name | SOPELICK FAMILY DAY CARE | Contact | Sandoval Hernandez, Maria | Full Time | Υ |
| Address | 2511 Renaissance Dr | Phone # | 608-213-5931 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711 | Licensed Date | 05/17/2006 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013074 | Hours | 10:00 AM-10:00 PM | Star Level | 3 Stars |
| Provider Number | 7000581197 | Location Number | 001 | | |
| Facility Name | SQUEALS OF JOY | Contact | Peterson, Amy | Full Time | Υ |
| Address | 4808 Mckenna Rd | Phone # | 608-320-1628 | Licensed Capacity | 8 |
| | Monona, WI 53716 | Licensed Date | 04/28/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002345 | Hours | 07:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 7000572247 | Location Number | 001 | | |
| Facility Name | STACY'S FAMILY DAYCARE | Contact | Schulist, Stacy | Full Time | Υ |
| Address | 7534 East Pass | Phone # | 608-395-1475 | Licensed Capacity | 8 |
| l | Madison, WI 53719-4016 | Licensed Date | 01/23/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002200 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000588438 | Location Number | 001 | | |
| Facility Name | STACYS QUALITY DAYCARE | Contact | Reinacher, Stacy L | Full Time | Υ |
| Address | 4705 Turner Ave | Phone # | 608-224-1243 | Licensed Capacity | 6 |
| | Madison, WI 53716 | Licensed Date | 10/09/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008890 | Hours | 07:00 AM-05:00 PM | Star Level | 3 Stars |
| Provider Number | 7000575967 | Location Number | 001 | | |
| Facility Name | STAR CHILD BILINGUAL FAM DC LLC | Contact | Pena Lopez, Rosse Marie | Full Time | Υ |
| Address | 2852 Warner Ln | Phone # | 608-288-8314 | Licensed Capacity | 8 |
| | Madison, WI 53713-2163 | Licensed Date | 02/22/2007 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| | | | | | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED FAMILY 1013179 | Months Hours | Jan-Dec 06:00 AM-06:00 PM | To Age Star Level | 11 Year(s), 11 Month(s), 0 Week(s) 4 Stars |

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|-----------------|----------------------------------|------------------------|--------------------|-------------------|------------------------------------|
| Facility Name | STAY N PLAY | Contact | Schaefer, Donna | Full Time | Υ |
| Address | 5 Charleen Ln | Phone # | 608-241-1779 | Licensed Capacity | 8 |
| | Madison, WI 53714 | Licensed Date | 08/09/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008666 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 9000577249 | Location Number | 001 | | |
| Facility Name | STEP BY STEP FCC | Contact | Corda, Dawn | Full Time | Υ |
| Address | 6925 Moon Light Cir | Phone # | 608-318-0584 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590-9121 | Licensed Date | 11/11/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013792 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000559345 | Location Number | 004 | | |
| Facility Name | ST JAMES PRESCHOOL | Contact | Pearl, Heather | Full Time | |
| Address | 427 S Main St | Phone # | 608-845-6922 | Licensed Capacity | 7 |
| | Verona, WI 53593-1425 | Licensed Date | 09/30/2013 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Sep-Jun | To Age | 3 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001490 | Hours | -11:10 AM | Star Level | Unknown |
| Provider Number | 3000580053 | Location Number | 002 | | |
| Facility Name | STODDARD FAMILY CHILD CARE | Contact | Stoddard, Jennifer | Full Time | Υ |
| Address | 2935 Crabb Ln | Phone # | 608-437-7807 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-1578 | Licensed Date | 02/24/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013772 | Hours | 07:00 AM-04:30 PM | Star Level | 3 Stars |
| Provider Number | 7000584447 | Location Number | 001 | | |
| Facility Name | SUE ROWE'S 1ST CARE FOR CHILDREN | Contact | Rowe, Susan | Full Time | Υ |
| Address | 609 Wood Lawn Way | Phone # | 608-845-3728 | Licensed Capacity | 8 |
| | Verona, WI 53593 | Licensed Date | 06/29/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130497 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 9000575289 | Location Number | 001 | | |

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|-----------------|------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | SUES HEART 2 HEART | Contact | Tiedt, Susan | Full Time | Υ |
| Address | 2410 Greenridge Dr | Phone # | 608-244-5796 | Licensed Capacity | 8 |
| | Madison, WI 53704 | Licensed Date | 05/03/1998 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130848 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 4000563614 | Location Number | 001 | | |
| Facility Name | SUES HOUSE | Contact | Wilkinson, Susan | Full Time | Υ |
| Address | 6217 Westin Dr | Phone # | 608-277-0283 | Licensed Capacity | 8 |
| | Madison, WI 53719 | Licensed Date | 03/01/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016110 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 2000575962 | Location Number | 001 | | |
| Facility Name | SUES SHINING STARS | Contact | Whitish, Susan M | Full Time | Υ |
| Address | 4901 Mckenna Rd | Phone # | 608-221-9805 | Licensed Capacity | 8 |
| | Monona, WI 53716 | Licensed Date | 05/12/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131267 | Hours | 06:30 AM-05:15 PM | Star Level | 2 Stars |
| Provider Number | 7000563667 | Location Number | 001 | | |
| Facility Name | SUNNY FLOWERS | Contact | Amineva, Svetlana | Full Time | Υ |
| Address | 5379 Gettle Ave | Phone # | 608-338-5148 | Licensed Capacity | 8 |
| | Madison, WI 53705-2605 | Licensed Date | 03/03/2015 | From Age | 1 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002280 | Hours | 07:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000588470 | Location Number | 001 | | |
| Facility Name | SUNNY HOUSE DAYCARE | Contact | Sieger, Elizabeth | Full Time | Υ |
| Address | 1052 Virdon Dr | Phone # | 608-438-0986 | Licensed Capacity | 8 |
| | Sun Prairie, WI 53590 | Licensed Date | 02/22/2011 | From Age | 0 Year(s), 0 Month(s), 10 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015920 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 9000586089 | Location Number | 001 | - | |
| | | | | | |

| Facility Name | SUNSHINE FAMILY DAY CARE | Contact | O'Donnell, Silke L | Full Time | Υ |
|-----------------|--------------------------------|------------------------|--------------------|--------------------------|------------------------------------|
| Address | 2211 Catalpa Rd | Phone # | 608-335-7661 | Licensed Capacity | 8 |
| | Madison, WI 53713 | Licensed Date | 06/05/1997 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131080 | Hours | 05:45 AM-04:15 PM | Star Level | 5 Stars |
| Provider Number | 0000558170 | Location Number | 001 | | |
| Facility Name | TAMMY FOSTER FAMILY CHILD CARE | Contact | Foster, Tammy | Full Time | Υ |
| Address | 7405 Westbourne St | Phone # | 608-445-7656 | Licensed Capacity | 8 |
| | Madison, WI 53719-5084 | Licensed Date | 10/01/2001 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 3 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007248 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000575929 | Location Number | 001 | | |
| Facility Name | TATO TOTS | Contact | Clemons, Patricia | Full Time | Υ |
| Address | 3308 Nightingale Ln | Phone # | 608-831-1521 | Licensed Capacity | 7 |
| | Middleton, WI 53562-1633 | Licensed Date | 10/18/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011758 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 2000582942 | Location Number | 001 | | |
| Facility Name | TERI'S DAY CARE | Contact | Johnson, Teri | Full Time | Υ |
| Address | 4780 Schneider Dr | Phone # | 608-835-7263 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 10/05/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131070 | Hours | 07:00 AM-04:00 PM | Star Level | 2 Stars |
| Provider Number | 4000562114 | Location Number | 001 | | |

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| Facility Name | THE ORCHARD | Contact | Martinka, Aleksandra | Full Time | |
| Address | 5214 Raymond Rd | Phone # | 608-661-9735 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 09/07/2005 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Aug-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009524 | Hours | 09:00 AM-01:00 PM | Star Level | Unknown |
| Provider Number | 8000580018 | Location Number | 001 | | |
| Facility Name | THE ORCHARD | Contact | Martinka, Aleksandra | Full Time | |
| Address | 5214 Raymond Rd | Phone # | 608-661-9735 | Licensed Capacity | 8 |
| | Madison, WI 53711 | Licensed Date | 09/07/2005 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009524 | Hours | - | Star Level | Unknown |
| Provider Number | 8000580018 | Location Number | 001 | | |
| Facility Name | THE PEANUT GALLERY FAMILY DAYCARE | Contact | Yaeger, Lisa | Full Time | Υ |
| Address | 5502 Lacy Rd | Phone # | 608-270-9003 | Licensed Capacity | 8 |
| | Fitchburg, WI 53711-5318 | Licensed Date | 06/29/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 130863 | Hours | 07:30 AM-05:15 PM | Star Level | 2 Stars |
| Provider Number | 0000560200 | Location Number | 001 | | |
| Facility Name | TIGERS CORNER DAYCARE LLC | Contact | Sailing, Angela | Full Time | Υ |
| Address | 802 E Garfield St | Phone # | 608-721-8365 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-2303 | Licensed Date | 09/17/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012075 | Hours | 07:00 AM-05:00 PM | Star Level | 3 Stars |
| Provider Number | 5000582845 | Location Number | 001 | | |
| Facility Name | TINA WILLIAMS DAYCARE | Contact | Williams, Tina | Full Time | Υ |
| Address | 712 Brookview Trl | Phone # | 608-712-0278 | Licensed Capacity | 6 |
| | Mount Horeb, WI 53572-3320 | Licensed Date | 01/14/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| | | | | • | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED FAMILY 1012575 | Months Hours | Jan-Dec 07:00 AM-06:30 PM | To Age Star Level | 12 Year(s), 11 Month(s), 0 Week(s) Unknown |

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| Facility Name | TLC DAYCARE LLC | Contact | Hook, Sandra | Full Time | Υ |
| Address | 201 Glen View Rd | Phone # | 608-437-4380 | Licensed Capacity | 8 |
| | Mount Horeb, WI 53572-3397 | Licensed Date | 01/19/2012 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000445 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 9000587079 | Location Number | 001 | | |
| Facility Name | TRICIA'S HARMONY HOUSE | Contact | Nellen, Tricia L | Full Time | Υ |
| Address | 6306 Winnequah Rd A | Phone # | 608-514-6545 | Licensed Capacity | 8 |
| | Monona, WI 53716-3854 | Licensed Date | 08/01/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001037 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 2000586832 | Location Number | 001 | | |
| Facility Name | UNDER THE APPLE TREE FAM DAY CARE | Contact | Walter, Carla | Full Time | Υ |
| Address | 600 Kings Lynn Rd | Phone # | 608-877-0701 | Licensed Capacity | 8 |
| | Stoughton, WI 53589 | Licensed Date | 05/28/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005450 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 2000568912 | Location Number | 001 | | |
| Facility Name | UNITED FAMILY CHILDCARE | Contact | Lee, Xiongmee | Full Time | Υ |
| Address | 3902 School Rd A | Phone # | 608-249-8192 | Licensed Capacity | 8 |
| | Madison, WI 53704-1958 | Licensed Date | 04/22/2001 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007530 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000571039 | Location Number | 001 | | |
| | 0000011000 | | | | |
| Facility Name | VAN HECKER FAMILY DAY CARE | Contact | Van Hecker, Michele | Full Time | Υ |
| • | | | | Full Time Licensed Capacity | Y 6 |
| • | VAN HECKER FAMILY DAY CARE | Contact Phone # | Van Hecker, Michele 608-277-7765 | Licensed Capacity | 6 |
| Address | VAN HECKER FAMILY DAY CARE 5804 Monticello Way Fitchburg, WI 53719 | Contact | Van Hecker, Michele 608-277-7765 08/01/2004 | Licensed Capacity From Age | 6 0 Year(s), 0 Month(s), 4 Week(s) |
| Facility Name Address Category Facility ID | VAN HECKER FAMILY DAY CARE 5804 Monticello Way | Contact Phone # Licensed Date | Van Hecker, Michele 608-277-7765 | Licensed Capacity | 6 |

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| Facility Name | VILLAS FAMILY DAY CARE | Contact | Parish, Liliana | Full Time | Υ |
| Address | 204 Walnut St | Phone # | 608-239-9838 | Licensed Capacity | 8 |
| | Oregon, WI 53575 | Licensed Date | 10/20/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015130 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000584243 | Location Number | 001 | | |
| Facility Name | WEE CARE FAMILY CHILD CARE | Contact | Alexander, Anne | Full Time | Υ |
| Address | 820 Clover Ln | Phone # | 608-846-2561 | Licensed Capacity | 8 |
| | De Forest, WI 53532-3073 | Licensed Date | 03/24/1999 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131055 | Hours | 07:00 AM-05:00 PM | Star Level | 4 Stars |
| Provider Number | 3000566383 | Location Number | 001 | | |
| Facility Name | WIGGLES N GIGGLES FAMILY CHILD CARE | Contact | Bahrke, Deanna | Full Time | Υ |
| Address | 420 Pleasant View Dr | Phone # | 608-334-3624 | Licensed Capacity | 6 |
| | Stoughton, WI 53589 | Licensed Date | 06/20/2004 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005406 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 5000577075 | Location Number | 001 | | |
| Facility Name | WIGGLY WORMS CHILDCARE | Contact | Babington, Dawn | Full Time | Υ |
| Address | 440 Deforest St | Phone # | 608-669-5603 | Licensed Capacity | 8 |
| | De Forest, WI 53532-1506 | Licensed Date | 08/31/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001587 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Duardalan Normali | | | 004 | | |
| Provider Number | 7000585827 | Location Number | 001 | | |
| | 7000585827 ZANY ZOO FAMILY CHILD CARE | Contact | Potts, Lisa | Full Time | Υ |
| Facility Name | | | | Full Time Licensed Capacity | Y 8 |
| Facility Name | ZANY ZOO FAMILY CHILD CARE | Contact Phone # | Potts, Lisa 608-834-4372 | Licensed Capacity | 8 |
| Facility Name Address | ZANY ZOO FAMILY CHILD CARE 1021 Pine St | Contact Phone # Licensed Date | Potts, Lisa 608-834-4372 09/03/2000 | Licensed Capacity From Age | 8 0 Year(s), 0 Month(s), 6 Week(s) |
| Provider Number Facility Name Address Category Facility ID | ZANY ZOO FAMILY CHILD CARE 1021 Pine St Sun Prairie, WI 53590 | Contact Phone # | Potts, Lisa 608-834-4372 | Licensed Capacity | 8 |

| Facility Name | 2 GRANDMAS & A BUNCH OF KIDS | Contact | Collins, Debbie Full | l Time | Υ |
|-----------------|------------------------------|------------------------|-------------------------------|----------------|------------------------------------|
| Address | 600 Plaza St | Phone # | 608-764-8272 Lice | ensed Capacity | 60 |
| | Deerfield, WI 53531 | Licensed Date | 03/24/2008 From | om Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012845 | Hours | 05:30 AM-05:45 PM Star | r Level | 2 Stars |
| Provider Number | 6000583406 | Location Number | 001 | | |
| Facility Name | ACADEMY FOR LITTLE LEARNERS | Contact | Crooks, Amy Full | l Time | Υ |
| Address | 9649 Silicon Prairie Pkwy | Phone # | 608-826-5437 Lice | ensed Capacity | 168 |
| | Verona, WI 53593 | Licensed Date | 06/16/2008 From | om Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013085 | Hours | 06:30 AM-06:00 PM Star | r Level | 3 Stars |
| Provider Number | 5000570375 | Location Number | 002 | | |
| Facility Name | ACADEMY FOR LITTLE LEARNERS | Contact | Crooks, Amy Full | l Time | Υ |
| Address | 9601 Silicon Prairie Pkwy | Phone # | 608-826-5437 Lice | ensed Capacity | 92 |
| | Verona, WI 53593-8441 | Licensed Date | 01/01/2013 From | om Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000980 | Hours | 06:30 AM-06:00 PM Star | r Level | 4 Stars |
| Provider Number | 5000570375 | Location Number | 003 | | |
| Facility Name | ADVENTURES IN LEARNING CCC | Contact | Damon, Amie Full | l Time | Υ |
| Address | 1036 Quinn Dr | Phone # | 608-850-5430 Lice | ensed Capacity | 130 |
| | Waunakee, WI 53597 | Licensed Date | 09/04/2007 From | om Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012306 | Hours | 07:00 AM-05:30 PM Star | r Level | 3 Stars |
| Provider Number | 1000582861 | Location Number | 001 | | |
| Facility Name | AFTER SCHOOL ARBORETUM | Contact | McIlrath, Shelby Full | l Time | |
| Address | 1350 Arboretum Dr | Phone # | 608-850-4650 Lice | ensed Capacity | 75 |
| | Waunakee, WI 53597 | Licensed Date | 09/05/2006 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011002 | Hours | 02:40 PM-05:45 PM Star | r Level | 2 Stars |
| Provider Number | 2000557872 | Location Number | 094 | | |

| Facility Name | AFTER SCHOOL CAMP OF THE LAKES | Contact | Valentine, Alisha Full | l Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------------------|----------------|------------------------------------|
| Address | 3870 Nakoma Rd | Phone # | 608-204-7828 Lice | ensed Capacity | 70 |
| | Madison, WI 53711 | Licensed Date | 06/13/2008 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013306 | Hours | 07:30 AM-05:45 PM Star | r Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 114 | | |
| Facility Name | AFTER SCHOOL CAMP OF THE OAKS | Contact | Temby, Christine Full | I Time | Υ |
| Address | 235 N Forrest St | Phone # | 608-770-3360 Lice | ensed Capacity | 55 |
| | Stoughton, WI 53589 | Licensed Date | 08/25/1999 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002588 | Hours | 07:30 AM-05:45 PM Star | r Level | 2 Stars |
| Provider Number | 2000557872 | Location Number | 051 | | |
| Facility Name | AFTER SCHOOL CAMP OF THE TRAILS | Contact | Lenoble, Scott Full | I Time | Υ |
| Address | 6701 Woodgate Rd | Phone # | 608-831-0907 Lice | ensed Capacity | 60 |
| | Middleton, WI 53562-3818 | Licensed Date | 06/13/2005 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009212 | Hours | 07:30 AM-05:45 PM Star | r Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 085 | | |
| Facility Name | AFTER SCHOOL CAMP PLEASANT VALLEY | Contact | Dingfelder, Kris Full | l Time | Υ |
| Address | 333 S Madison St | Phone # | 608-850-5992 Lice | ensed Capacity | 85 |
| | Waunakee, WI 53597 | Licensed Date | 06/12/2006 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010674 | Hours | 07:30 AM-05:45 PM Star | r Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 092 | | |
| Facility Name | AFTER SCHOOL CAMP WILDCAT | Contact | Slotnick, Julia Full | l Time | Υ |
| Address | 420 Church Ave | Phone # | 608-845-4713 Lice | ensed Capacity | 35 |
| | Verona, WI 53593 | Licensed Date | 06/11/2007 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011895 | Hours | 07:30 AM-05:45 PM Star | r Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 096 | | |

| Facility Name | AFTER SCHOOL CHAVEZ | Contact | Yaganagi, Lua | Full Time | N |
|-----------------|---------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | 3502 Maple Grove Dr | Phone # | 608-442-2087 | Licensed Capacity | 85 |
| | Madison, WI 53719 | Licensed Date | 08/26/2001 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004423 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 056 | | |
| Facility Name | AFTER SCHOOL CLUBS INCORPORATED | Contact | Gits, Lisa | Full Time | |
| Address | 276 Soden Dr | Phone # | 608-835-9808 | Licensed Capacity | 180 |
| | Oregon, WI 53575 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120322 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 4000558824 | Location Number | 001 | | |
| Facility Name | AFTER SCHOOL CRESTWOOD | Contact | Maccony, Lauren | Full Time | |
| Address | 5930 Old Sauk Rd | Phone # | 608-204-1144 | Licensed Capacity | 34 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120280 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 017 | | |
| Facility Name | AFTER SCHOOL ELM LAWN | Contact | Guerts, Roy | Full Time | |
| Address | 6701 Woodgate Rd | Phone # | 608-831-0907 | Licensed Capacity | 50 |
| | Middleton, WI 53562 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120320 | Hours | 07:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 2000557872 | Location Number | 019 | | |
| Facility Name | AFTER SCHOOL EPNC | Contact | Carlin, Rebecca | Full Time | |
| Address | 1201 Mckenna Blvd | Phone # | 608-335-1424 | Licensed Capacity | 30 |
| | Madison, WI 53719 | Licensed Date | 10/22/2007 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012248 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 099 | | |

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|-----------------|--|-------------------------|--|--------------------|---|
| Facility Name | AFTER SCHOOL FOX PRAIRIE | Contact | Dillard, Lauren | Full Time | |
| Address | 1601 W South St | Phone # | 608-873-3502 | Licensed Capacity | 34 |
| | Stoughton, WI 53589 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120412 | Hours | 06:45 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000557872 | Location Number | 020 | | |
| Facility Name | AFTER SCHOOL FRANKLIN | Contact | Campbell, Naomi | Full Time | |
| Address | 305 W Lakeside St | Phone # | 608-204-2312 | Licensed Capacity | 34 |
| | Madison, WI 53715 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120297 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 021 | | |
| Facility Name | AFTER SCHOOL HERITAGE | Contact | Funseth, Greg | Full Time | |
| Address | 501 South St | Phone # | 608-849-2257 | Licensed Capacity | 45 |
| | Waunakee, WI 53597 | Licensed Date | 09/27/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120849 | Hours | 07:00 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 048 | | |
| Facility Name | AFTER SCHOOL LEOPOLD | Contact | Van Buren, Shelly | Full Time | |
| Address | 2602 Post Rd | Phone # | 608-204-4325 | Licensed Capacity | 34 |
| | Madison, WI 53713 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120210 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 026 | | |
| Facility Name | AFTER SCHOOL MCFARLAND | Contact | Soneberg, Megan | Full Time | |
| Address | 6009 Johnson St | Phone # | 608-770-3360 | Licensed Capacity | 28 |
| Addiess | | | | _ | |
| Address | Mc Farland, WI 53558-9236 | Licensed Date | 09/04/2007 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | Mc Farland, WI 53558-9236 LICENSED GROUP | Licensed Date Months | | From Age To Age | 5 Year(s), 0 Month(s), 0 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) |
| | | | 09/04/2007 Sep-Jun 06:00 AM-06:00 PM | • | 5 Year(s), 0 Month(s), 0 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) 2 Stars |

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|-------------------------|----------------------------|------------------------|------------------------------|--------------------------|--|
| Facility Name | AFTER SCHOOL MT HOREB | Contact | Anderman, Luke | Full Time | |
| Address | 207 Academy St | Phone # | 608-437-1503 | Licensed Capacity | 30 |
| | Mount Horeb, WI 53572-2161 | Licensed Date | 09/01/2006 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010978 | Hours | 07:30 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 093 | | |
| Facility Name | AFTER SCHOOL MUIR | Contact | Snitker, Karsten | Full Time | |
| Address | 6602 Inner Dr | Phone # | 608-442-2401 | Licensed Capacity | 34 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120222 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 024 | | |
| Facility Name | AFTER SCHOOL PRAIRIE | Contact | Peterson, Nathan | Full Time | |
| Address | 700 N Madison St | Phone # | 608-849-2260 | Licensed Capacity | 60 |
| | Waunakee, WI 53597 | Licensed Date | 06/23/1999 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120848 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000557872 | Location Number | 049 | | |
| Facility Name | AFTER SCHOOL RANDALL | Contact | Peterson, Allison | Full Time | |
| Address | 1802 Regent St | Phone # | 608-204-3292 | Licensed Capacity | 72 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120042 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 030 | | |
| Facility Name | AFTER SCHOOL SANDHILL | Contact | Brown, Janelle | Full Time | Υ |
| Address | 1920 Lincoln Ave | Phone # | 608-445-8051 | Licensed Capacity | 40 |
| | Stoughton, WI 53589 | Licensed Date | 08/31/2009 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| | | | | _ | |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED GROUP 1014628 | Months Hours | Jan-Dec 07:00 AM-06:00 PM | To Age Star Level | 12 Year(s), 11 Month(s), 0 Week(s) 3 Stars |

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|-------------------------|---------------------------|------------------------|------------------------------|--------------------------|------------------------------------|
| Facility Name | AFTER SCHOOL SHOREWOOD | Contact | Chin, Ashleigh | Full Time | |
| Address | 1105 Shorewood Blvd | Phone # | 608-233-0332 | Licensed Capacity | 68 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120226 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 032 | | |
| Facility Name | AFTER SCHOOL STEPHENS | Contact | Connolly, Dana | Full Time | |
| Address | 120 S Rosa Rd | Phone # | 608-204-1888 | Licensed Capacity | 45 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120277 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 022 | | |
| Facility Name | AFTER SCHOOL THOREAU | Contact | Zahn, Sarah | Full Time | |
| Address | 3870 Nakoma Rd | Phone # | 608-204-1888 | Licensed Capacity | 65 |
| | Madison, WI 53711 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120229 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 033 | | |
| Facility Name | AFTER SCHOOL VAN HISE | Contact | Zellmer, Tammy | Full Time | |
| Address | 4747 Waukesha St | Phone # | 608-204-4843 | Licensed Capacity | 68 |
| | Madison, WI 53705 | Licensed Date | 06/11/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120283 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000557872 | Location Number | 034 | | |
| Facility Name | AFTER SCHOOL WAUBESA | Contact | Van Buren, Shelly | Full Time | |
| Address | 5605 Red Oak Trl | Phone # | 608-838-4500 | Licensed Capacity | 18 |
| | Mc Farland, WI 53558-8412 | Licensed Date | 01/16/2008 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| | | | | T. A | |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED GROUP 1012497 | Months Hours | Aug-Jun 07:00 AM-06:00 PM | To Age Star Level | 3 Stars |

| Facility Name | AFTER SCHOOL WEST MIDDLETON | Contact | Schuh, Nathanial Ful | II Time | |
|-----------------|--------------------------------|------------------------|-----------------------|-----------------|------------------------------------|
| Address | 7627 W Mineral Point Rd | Phone # | 608-833-1158 Lice | censed Capacity | 34 |
| | Verona, WI 53593 | Licensed Date | 06/11/1997 Fro | om Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun To | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120299 | Hours | 07:30 AM-05:45 PM Sta | ar Level | 4 Stars |
| Provider Number | 2000557872 | Location Number | 035 | | |
| Facility Name | AGAPE CHRISTIAN PRESCHOOL | Contact | Mielke, Marlo Ful | II Time | |
| Address | 315 E Main St | Phone # | 608-437-7100 Lic | censed Capacity | 43 |
| | Mount Horeb, WI 53572-2032 | Licensed Date | 03/01/1997 Fro | om Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May To | Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120415 | Hours | 08:30 AM-03:30 PM Sta | ar Level | 3 Stars |
| Provider Number | 0000577690 | Location Number | 001 | | |
| Facility Name | A GROWING PLACE PRESCHOOL | Contact | Klade, Robyn Ful | II Time | |
| Address | 615 Jefferson St | Phone # | 608-846-9400 Lic | censed Capacity | 44 |
| | De Forest, WI 53532-1616 | Licensed Date | 02/01/1998 Fro | om Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May To | Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120202 | Hours | 07:30 AM-05:00 PM Sta | ar Level | Unknown |
| Provider Number | 1000577841 | Location Number | 001 | | |
| Facility Name | A GROWING PLACE PRESCHOOL GT4K | Contact | Masar, Nicole Ful | II Time | Υ |
| Address | 520 E Holum St | Phone # | 608-846-9400 Lice | censed Capacity | 20 |
| | De Forest, WI 53532-1316 | Licensed Date | 09/01/2011 Fro | om Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun To | Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Facility ID | 2000205 | Hours | 07:30 AM-03:30 PM Sta | ar Level | Unknown |
| Provider Number | 1000577841 | Location Number | 002 | | |
| Facility Name | ALDO LEOPOLD NATURE CENTER | Contact | Wiggen, Virginia Ful | II Time | Υ |
| Address | 330 Femrite Dr | Phone # | 608-221-0404 Lic | censed Capacity | 50 |
| | Monona, WI 53716-3716 | Licensed Date | 06/08/2012 Fro | om Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To | Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000685 | Hours | 08:30 AM-05:30 PM | ar Level | Unknown |
| 1 | | | | | |

| Facility Name | ANGEL'S JOY LEARNING CENTER | Contact | Lavin, Abby | Full Time | Υ |
|-----------------|------------------------------------|------------------------|------------------------|--------------------------|------------------------------------|
| Address | 4293 W Beltline Hwy | Phone # | 708-214-1045 | Licensed Capacity | 50 |
| | Madison, WI 53711-3859 | Licensed Date | 04/02/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002248 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 6000588496 | Location Number | 001 | | |
| Facility Name | ANIMAL CRACKERS INC | Contact | Howell-Yrios, Christie | Full Time | Υ |
| Address | 6402 Hammersley Rd | Phone # | 608-277-9990 | Licensed Capacity | 85 |
| | Madison, WI 53711 | Licensed Date | 06/03/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120137 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 9000557969 | Location Number | 001 | | |
| Facility Name | ARC COMMUNITY SERVICES INC CC | Contact | Passon, Mary | Full Time | Υ |
| Address | 1409 Emil St | Phone # | 608-283-6433 | Licensed Capacity | 20 |
| | Madison, WI 53713 | Licensed Date | 06/16/1997 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001553 | Hours | 08:20 AM-02:30 PM | Star Level | 2 Stars |
| Provider Number | 4000559074 | Location Number | 001 | | |
| Facility Name | ARTHOUSE PRESCHOOL LLC | Contact | Murray, Heather | Full Time | Υ |
| Address | 110 W Second St | Phone # | 608-850-3594 | Licensed Capacity | 65 |
| | Waunakee, WI 53597 | Licensed Date | 09/05/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010842 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 6000581396 | Location Number | 001 | | |
| Facility Name | ASRA'S FAMILY CHILDCARE CENTER INC | Contact | Johnston, Maureen | Full Time | Υ |
| Address | 5206 Siggelkow Rd | Phone # | 608-838-7866 | Licensed Capacity | 54 |
| | Madison, WI 53718 | Licensed Date | 11/07/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009955 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 0000580480 | Location Number | 001 | | |
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|-----------------|---|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | A STEP AHEAD DAY CAMP | Contact | Schirmer, Joel | Full Time | Υ |
| Address | 2215 Pennsylvania Ave | Phone # | 608-712-6480 | Licensed Capacity | 100 |
| | Sun Prairie, WI 53590-1659 | Licensed Date | 06/16/2014 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001774 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000587234 | Location Number | 002 | | |
| Facility Name | BABY JUNCTION | Contact | Olsen, Sandra C | Full Time | Υ |
| Address | 8020 Watts Rd | Phone # | 608-827-5437 | Licensed Capacity | 36 |
| | Madison, WI 53719-3811 | Licensed Date | 08/14/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Facility ID | 2001943 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 4000576914 | Location Number | 003 | | |
| Facility Name | BEE BALM LEARNING CENTER LLC | Contact | Barrales, Bekah A | Full Time | Υ |
| Address | 1650 Norman Way Madison, WI 53705-1239 | Phone # | 608-233-8855 | Licensed Capacity | 81 |
| | | Licensed Date | 03/31/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001680 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 4000588114 | Location Number | 001 | | |
| Facility Name | BELLEVILLE EARLY LEARNING CENTER | Contact | Kriebs, Alyssa | Full Time | Υ |
| Address | 129 Greenway Cross | Phone # | 608-424-1818 | Licensed Capacity | 100 |
| | Belleville, WI 53508 | Licensed Date | 04/02/2008 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013000 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000583559 | Location Number | 002 | | |
| Facility Name | BERNIES PLACE INC | Contact | Welk, Amy | Full Time | Υ |
| Address | 39 University Houses | Phone # | 608-263-1725 | Licensed Capacity | 54 |
| | Madison, WI 53705-1821 | Licensed Date | 06/03/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120006 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 1000557951 | Location Number | 001 | | |

| Facility Name | BETHESDA CHILD CARE | Contact | Peterson, Debbie Full | Time | Υ |
|-----------------|---|------------------------|-------------------------------|----------------|------------------------------------|
| Address | 3245 E Washington Ave | Phone # | 608-244-6098 Lice | ensed Capacity | 95 |
| | Madison, WI 53704 | Licensed Date | 06/03/1997 From | m Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120007 | Hours | 06:30 AM-05:30 PM Star | r Level | 3 Stars |
| Provider Number | 9000557919 | Location Number | 001 | | |
| Facility Name | BIG OAK CHILD CARE CENTER | Contact | Schneider, Nicole Full | Time | Υ |
| Address | 2030 Winnebago St | Phone # | 608-249-3991 Lice | ensed Capacity | 41 |
| | Madison, WI 53704 | Licensed Date | 07/01/1998 From | m Age | 0 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | • | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120085 | Hours | 07:00 AM-05:45 PM Star | r Level | 5 Stars |
| Provider Number | 8000557978 | Location Number | 002 | | |
| Facility Name | BLACK BELT AMERICA SUMMER CAMP | Contact | Wideman, Theresa Full | Time | |
| Address | 6121 Odana Rd Madison, WI 53719-1103 | Phone # | 608-273-4111 Lice | ensed Capacity | 60 |
| | | Licensed Date | 06/02/2014 From | m Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001744 | Hours | 07:30 AM-06:00 PM Star | r Level | Unknown |
| Provider Number | 8000588188 | Location Number | 001 | | |
| Facility Name | BRIGHT CHILD LEARNING CENTER LLC | Contact | Busch, Danen Full | Time | Υ |
| Address | 3149 Maple Valley Dr | Phone # | 608-497-1191 Lice | ensed Capacity | 50 |
| | Madison, WI 53719 | Licensed Date | 10/04/2011 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000273 | Hours | 06:45 AM-05:45 PM Star | r Level | Unknown |
| Provider Number | 1000586921 | Location Number | 001 | | |
| Facility Name | BRIGHT HORIZONS AT THE AMER CTR | Contact | Mcnamara, Terry Full | Time | Υ |
| Address | 5119 American Family Dr | Phone # | 608-825-6009 Lice | ensed Capacity | 136 |
| | Madison, WI 53718-8332 | Licensed Date | 07/01/1997 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120685 | Hours | 06:30 AM-06:00 PM Star | r Level | 3 Stars |
| Provider Number | 6000558236 | Location Number | 010 | | |

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| Facility Name | BRILLIANT BEGINNINGS | Contact | Jacobsen Spaith, Brook | Full Time | Υ |
| Address | 1001 Arboretum Dr | Phone # | 608-849-4363 | Licensed Capacity | 80 |
| | Waunakee, WI 53597 | Licensed Date | 08/17/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014564 | Hours | 07:00 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 4000584924 | Location Number | 001 | | |
| Facility Name | CAMP SHALOM | Contact | Davidson, Ari | Full Time | Υ |
| Address | 7762 Cty Hwy Pd | Phone # | 608-848-1822 | Licensed Capacity | 254 |
| | Verona, WI 53593 | Licensed Date | 06/06/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002394 | Hours | 07:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000568962 | Location Number | 001 | | |
| Facility Name | CAMPUS FOR KIDS LEARNING CENTER | Contact | Mccarthy, Cheryl | Full Time | Υ |
| Address | 4905 E Buckeye Rd | Phone # | 608-221-1529 | Licensed Capacity | 135 |
| | Madison, WI 53716 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001668 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000557986 | Location Number | 001 | | |
| Facility Name | CAP CARE | Contact | Rumpf, Lesli | Full Time | Υ |
| Address | 802 W Water St | Phone # | 608-423-8044 | Licensed Capacity | 59 |
| | Cambridge, WI 53523 | Licensed Date | 06/22/2009 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014363 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 7000584737 | Location Number | 001 | | |
| Facility Name | CHILD LIFE MINISTRIES | Contact | Ziety, Rebecca | Full Time | Υ |
| Address | 5529 Marsh Rd | Phone # | 608-838-4425 | Licensed Capacity | 80 |
| | Mc Farland, WI 53558-9690 | Licensed Date | 06/03/1997 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120456 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000558034 | | 001 | | |

| Facility Name | CHILDRENS COMMUNITY SCHOOL | Contact | Pfaff, Martha | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------|--------------------------|-----------------------------------|
| Address | 211 Parkway Dr | Phone # | 608-437-4121 | Licensed Capacity | 56 |
| | Mount Horeb, WI 53572-2189 | Licensed Date | 07/08/1997 | From Age | 1 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120008 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 7000560147 | Location Number | 001 | | |
| Facility Name | CHRIST MEMORIAL LUTHERAN PRESCHOO | Contact | Hettenbach, Karen | Full Time | |
| Address | 2833 Raritan Rd | Phone # | 608-271-2811 | Licensed Capacity | 48 |
| | Fitchburg, WI 53711 | Licensed Date | 10/01/1996 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120209 | Hours | 09:00 AM-03:30 PM | Star Level | Unknown |
| Provider Number | 0000577650 | Location Number | 001 | | |
| Facility Name | CLAUDIS KIDS DAY CARE | Contact | Ruiz, Letica | Full Time | Υ |
| Address | 3131 E Washington Ave | Phone # | 608-243-7854 | Licensed Capacity | 68 |
| | Madison, WI 53704 | Licensed Date | 10/11/1998 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000123 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 9000564809 | Location Number | 001 | | |
| Facility Name | CLAUDIS KIDS DAYCARE | Contact | Hinze, Renee | Full Time | Υ |
| Address | 4913 Commercial Ave | Phone # | 608-268-1477 | Licensed Capacity | 54 |
| | Madison, WI 53704 | Licensed Date | 09/16/2005 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009601 | Hours | 06:30 AM-06:30 PM | Star Level | 4 Stars |
| Provider Number | 9000564809 | Location Number | 002 | | |
| Facility Name | CLUBHOUSE FOR KIDS I I | Contact | Ganser, Becky | Full Time | Υ |
| Address | 3150 Deming Way | Phone # | 608-824-2090 | Licensed Capacity | 96 |
| | Middleton, WI 53562 | Licensed Date | 01/14/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004919 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000559937 | Location Number | 004 | | |

| Facility Name | CLUBHOUSE FOR KIDS INC | Contact | Regenauer, Kathy | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 1805 Bourbon Rd | Phone # | 608-798-5540 | Licensed Capacity | 96 |
| | Cross Plains, WI 53528 | Licensed Date | 06/29/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120797 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000559937 | Location Number | 001 | | |
| Facility Name | COUNTRY CREEK LEARNING CENTER | Contact | Hagen, Sara | Full Time | Υ |
| Address | 6187 Portage Rd | Phone # | 608-244-3626 | Licensed Capacity | 138 |
| | De Forest, WI 53532-2938 | Licensed Date | 06/24/2001 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004337 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 1000571861 | Location Number | 001 | | |
| Facility Name | COUNTRY GROVE PRESCHOOL | Contact | Frisch, Denise | Full Time | Υ |
| Address | 3201 Tanglewood Dr | Phone # | 608-845-7988 | Licensed Capacity | 60 |
| | Madison, WI 53719 | Licensed Date | 08/31/2007 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012298 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 2000582842 | Location Number | 001 | | |
| Facility Name | COUNTRYSIDE MONTESSORI PRESCHOOL | Contact | Castillo, Patty | Full Time | Υ |
| Address | 721 Northport Dr | Phone # | 608-244-5437 | Licensed Capacity | 48 |
| | Madison, WI 53704 | Licensed Date | 06/03/1997 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120606 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 9000558039 | Location Number | 001 | | |
| Facility Name | CREATIVE KIDS NURSERY AND DAYCARE | Contact | Grosso, Jessica | Full Time | Υ |
| Address | 400 Progress Dr | Phone # | 608-839-0297 | Licensed Capacity | 60 |
| | Cottage Grove, WI 53527 | Licensed Date | 08/10/2009 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014412 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 1000578741 | Location Number | 002 | | |
| Provider Number | 1410160001 | Location Number | 002 | | |

| Facility Name | CREATIVE LEARNING PRESCHOOL AND CO | Contact | Flanner, Mary | Full Time | Υ |
|-----------------|--|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 105 S Butler St | Phone # | 608-258-9811 | Licensed Capacity | 150 |
| | Madison, WI 53703 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120856 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 2000557942 | Location Number | 001 | | |
| Facility Name | CREEK DAY SCHOOL INC | Contact | Steuck, Margaret | Full Time | Υ |
| Address | 2509 Mcdivitt Rd | Phone # | 608-271-1921 | Licensed Capacity | 35 |
| | Madison, WI 53713 | Licensed Date | 06/03/1997 | From Age | 1 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120013 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 7000557927 | Location Number | 001 | | |
| Facility Name | CULTURED KIDS OF MADISON | Contact | Palmer, Michelle | Full Time | Υ |
| Address | 600 Grand Canyon Dr Madison, WI 53719 | Phone # | 608-833-5437 | Licensed Capacity | 50 |
| | | Licensed Date | 02/01/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015015 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000585300 | Location Number | 001 | | |
| Facility Name | DCPC CREEKSIDE HEAD START | Contact | Finger, Erin | Full Time | |
| Address | 1251 Okeeffe Ave | Phone # | 608-444-6199 | Licensed Capacity | 19 |
| | Sun Prairie, WI 53590-4188 | Licensed Date | 01/26/2015 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002125 | Hours | -01:30 PM | Star Level | Unknown |
| Provider Number | 1000559601 | Location Number | 037 | | |
| Facility Name | DCPC DEFOREST HEAD START | Contact | Johnson, Rdell | Full Time | |
| Address | 520 E Holum St | Phone # | 608-842-6558 | Licensed Capacity | 19 |
| | De Forest, WI 53532-1316 | Licensed Date | 09/08/2003 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007052 | Hours | 08:00 AM-04:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 020 | | |

| Facility Name | DCPC EAST HEAD START AND CC | Contact | Williams, Luann | Full Time | Υ |
|-----------------|-----------------------------------|------------------------|-------------------|--------------------------|-----------------------------------|
| Address | 30 Dempsey Rd | Phone # | 608-240-4712 | Licensed Capacity | 105 |
| | Madison, WI 53714 | Licensed Date | 01/05/2003 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006265 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 013 | | |
| Facility Name | DCPC GREAT BEGINNINGS SUN PRAIRIE | Contact | Jallaw, Rosheena | Full Time | Υ |
| Address | 711 Thomas Dr | Phone # | 608-318-0011 | Licensed Capacity | 32 |
| | Sun Prairie, WI 53590 | Licensed Date | 01/25/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014967 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 036 | | |
| Facility Name | DCPC NORTHPORT HEAD START | Contact | Ewoldt, Emily | Full Time | |
| Address | 1740 Northport Dr | Phone # | 608-244-7115 | Licensed Capacity | 20 |
| | Madison, WI 53704 | Licensed Date | 06/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120657 | Hours | 07:00 AM-04:30 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 002 | | |
| Facility Name | DCPC PACKERS HEAD START | Contact | Ewoldt, Emily | Full Time | |
| Address | 1927 Northport Dr | Phone # | 608-241-4917 | Licensed Capacity | 20 |
| | Madison, WI 53704 | Licensed Date | 07/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120670 | Hours | 08:00 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 016 | | |
| Facility Name | DCPC PRESCHOOL ENRICHMENT PROGRA | Contact | Ewoldt, Emily | Full Time | Υ |
| Address | 8 Straubel Ct | Phone # | 608-249-6467 | Licensed Capacity | 20 |
| | Madison, WI 53704 | Licensed Date | 12/23/2001 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002475 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 008 | | |

| Facility Name | DCPC RED ARROW AND 4 HEAD START | Contact | Presley, Peggy | Full Time | Υ |
|-------------------------|----------------------------------|------------------------|-------------------|--------------------------|--|
| Address | 4709 Verona Rd | Phone # | 608-275-6740 | Licensed Capacity | 20 |
| | Madison, WI 53711-4753 | Licensed Date | 01/04/2010 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014962 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000559601 | Location Number | 035 | | |
| Facility Name | DCPC RED ARROW HEAD START | Contact | Presley, Peggy | Full Time | Υ |
| Address | 2096 Red Arrow Trl | Phone # | 608-275-6740 | Licensed Capacity | 122 |
| | Fitchburg, WI 53711 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120699 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 001 | | |
| Facility Name | DCPC S MADISON HS AND CHILD CARE | Contact | Williams, Luann | Full Time | Υ |
| Address | 2202 S Park St | Phone # | 608-441-7680 | Licensed Capacity | 112 |
| | Madison, WI 53713 | Licensed Date | 06/24/1997 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120524 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 003 | | |
| Facility Name | DCPC STOUGHTON HEAD START | Contact | Ottelien, Karen | Full Time | |
| Address | 315 Mandt Pkwy | Phone # | 608-877-0466 | Licensed Capacity | 20 |
| | Stoughton, WI 53589 | Licensed Date | 09/16/1996 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120271 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 018 | | |
| Facility Name | DCPC SUN PRAIRIE HEAD START | Contact | Finger, Erin | Full Time | |
| Address | 509 Commercial Ave | Phone # | 608-837-5229 | Licensed Capacity | 20 |
| | Sun Prairie, WI 53590 | Licensed Date | 11/01/2000 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Î. | LIGHNOFF ORGUE | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | our Dec | | 0 · 00· (0), · · · · · · · · · · · · · · · · · · · |
| Category Facility ID | 1004341 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |

| | | - | _ | | |
|-------------------------|-------------------------------------|-----------------------|---------------------|--------------------------|--|
| Facility Name | DCPC VERONA PARENT TOT CENTER | Contact | Bass, Dorothy | Full Time | Υ |
| Address | 300 Richard St | Phone # | 608-845-4598 | Licensed Capacity | 28 |
| | Verona, WI 53593 | Licensed Date | 11/11/2001 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003102 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 1000559601 | Location Number | 004 | | |
| Facility Name | DCPC WEE START | Contact | Boss-Wilson, Dorthy | Full Time | Υ |
| Address | 1501 Jenifer St | Phone # | 608-204-3230 | Licensed Capacity | 24 |
| | Madison, WI 53704 | Licensed Date | 01/28/2008 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 3 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012786 | Hours | 07:30 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 033 | | |
| Facility Name | DCPC WEXFORD HEAD START | Contact | Bass, Dorothy | Full Time | |
| Address | B And D | Phone # | 608-829-3334 | Licensed Capacity | 20 |
| | 7011 Flower Ln Madison, WI 53717 | Licensed Date | 03/01/1998 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120708 | Hours | 08:00 AM-04:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 014 | | |
| Facility Name | DISCOVERY YEARS PRESCHOOL | Contact | Brooks, Courtney | Full Time | Υ |
| Address | 4002 Lien Rd | Phone # | 608-242-1177 | Licensed Capacity | 20 |
| | Madison, WI 53704 | Licensed Date | 06/04/1997 | From Age | 2 Year(s), 9 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120406 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 0000558050 | Location Number | 001 | | |
| Facility Name | EAGLES WING CHILD CARE AND EDU PROC | Contact | Schaubs, Debb | Full Time | Υ |
| Address | 611 Eagle Hts | Phone # | 608-262-3407 | Licensed Capacity | 107 |
| | Madison, WI 53705 | | 00/04/4000 | From Age | 1 Voor(a) 4 Month(a) 0 Wook(a) |
| | Widdison, VVI Sor Go | Licensed Date | 08/01/1996 | i ioiii Age | i fear(s), 4 ivioriti(s), 0 vveek(s) |
| Category | LICENSED GROUP | Licensed Date Months | Jan-Dec | To Age | 1 Year(s), 4 Month(s), 0 Week(s) 12 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | | | | • | |

| Facility Name | EARLY CHILDHOOD LRNG CTR-HUGHES PL | Contact | Jafarnejad, Amir | Full Time | Υ |
|-----------------|------------------------------------|-----------------|-------------------|-------------------|------------------------------------|
| Address | 833 Hughes Pl | Phone # | 608-251-8127 | Licensed Capacity | 50 |
| | Madison, WI 53713 | Licensed Date | 04/27/1997 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120020 | Hours | 06:00 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 5000558055 | Location Number | 001 | | |
| Facility Name | EINSTEIN SCHOOL | Contact | Chen, Nai-Hwa | Full Time | Υ |
| Address | 6426 Normandy Ln | Phone # | 608-274-7010 | Licensed Capacity | 40 |
| | Madison, WI 53719 | Licensed Date | 06/30/2008 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013360 | Hours | 07:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 5000583865 | Location Number | 001 | | |
| Facility Name | FIRST LUTHERAN EARLY CHILDHOOD CTR | Contact | Lehman, Judie | Full Time | |
| Address | 310 E Washington St | Phone # | 608-873-7761 | Licensed Capacity | 20 |
| | Stoughton, WI 53589 | Licensed Date | 09/01/2010 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015511 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000584870 | Location Number | 002 | | |
| Facility Name | FRIENDSHIP TREE PRESCHOOL | Contact | Graupner, Tamlynn | Full Time | Υ |
| Address | 1210 Fourier Dr | Phone # | 608-662-9327 | Licensed Capacity | 50 |
| | Madison, WI 53717-1969 | Licensed Date | 03/01/2013 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000985 | Hours | 07:30 AM-06:30 PM | Star Level | Unknown |
| Provider Number | 8000587658 | Location Number | 001 | | |
| Facility Name | GINGER BREAD HOUSE | Contact | Lauber, Steph | Full Time | Υ |
| Address | 505 E Holum St | Phone # | 608-846-5433 | Licensed Capacity | 72 |
| | De Forest, WI 53532-1315 | Licensed Date | 07/27/2006 | From Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010811 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 1000576821 | Location Number | 004 | | |
| | | | | | |

| Facility Name | GINGER BREAD HOUSE CHILD CARE | Contact | Kuehl, Denise Full | Time | Y |
|-----------------|-------------------------------|------------------------|------------------------|----------------|------------------------------------|
| Address | 4896 Larson Beach Rd | Phone # | 608-838-5105 Lice | ensed Capacity | 162 |
| | Mc Farland, WI 53558-8724 | Licensed Date | 04/30/2005 From | m Age | 0 Year(s), 0 Month(s), 12 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008974 | Hours | 06:30 AM-06:00 PM Star | r Level | 3 Stars |
| Provider Number | 1000576821 | Location Number | 002 | | |
| Facility Name | GINGER BREAD HOUSE PRESCHOOL | Contact | Wickert, Kassy Full | Time | Υ |
| Address | 5224 Farwell St | Phone # | 608-838-3280 Lice | ensed Capacity | 100 |
| | Mc Farland, WI 53558-9125 | Licensed Date | 04/30/2004 From | m Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007736 | Hours | 06:30 AM-06:00 PM Star | r Level | 3 Stars |
| Provider Number | 1000576821 | Location Number | 001 | | |
| Facility Name | GINGER BREAD HOUSE PRESCHOOL | Contact | Rodenkirch, Terri Full | Time | Υ |
| Address | 630 Broadway Dr | Phone # | 608-837-4330 Lice | ensed Capacity | 82 |
| | Sun Prairie, WI 53590-1762 | Licensed Date | 08/25/2014 From | m Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001867 | Hours | 06:30 AM-06:00 PM Star | r Level | 2 Stars |
| Provider Number | 4000588284 | Location Number | 001 | | |
| Facility Name | GINGER BREAD HOUSE SCHOOL AGE | Contact | Morrell, Carrie Full | Time | Υ |
| Address | 170 N Bristol St | Phone # | 608-837-5437 Lice | ensed Capacity | 68 |
| | Sun Prairie, WI 53590-2205 | Licensed Date | 08/25/2014 From | m Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001870 | Hours | 06:30 AM-06:00 PM Star | r Level | 2 Stars |
| Provider Number | 4000588284 | Location Number | 002 | | |
| Facility Name | GINGER BREAD HOUSE - WINDSOR | Contact | Lauber, Steph Full | Time | |
| Address | 4352 Windsor Rd | Phone # | 608-846-5433 Lice | ensed Capacity | 22 |
| | Windsor, WI 53598-9783 | Licensed Date | 09/02/2014 From | m Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun To A | Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002036 | Hours | 08:00 AM-11:00 AM Star | r Level | Unknown |
| Provider Number | 1000576821 | Location Number | 006 | | |

| Facility Name | GIVING TREE EARLY LEARNING ACADEMY | Contact | Grundahl, Megan | Full Time | Υ |
|-----------------|------------------------------------|------------------------|---------------------|--------------------------|------------------------------------|
| Address | 3751 Mammoth Trl | Phone # | 608-848-9135 | Licensed Capacity | 130 |
| | Madison, WI 53719-4091 | Licensed Date | 05/21/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000681 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000587272 | Location Number | 001 | | |
| Facility Name | GOODMAN COMMUNITY CENTER | Contact | Brathwaite, Kshinte | Full Time | Υ |
| Address | 149 Waubesa St | Phone # | 608-241-1574 | Licensed Capacity | 145 |
| | Madison, WI 53704 | Licensed Date | 09/02/2008 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013524 | Hours | 06:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 0000558670 | Location Number | 006 | | |
| Facility Name | GREAT BEGINNINGS ARBOR HILLS | Contact | Steinman, Emily | Full Time | Υ |
| Address | 2821 Todd Dr | Phone # | 608-270-3485 | Licensed Capacity | 50 |
| | Madison, WI 53713-2915 | Licensed Date | 09/14/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004261 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000559601 | Location Number | 007 | | |
| Facility Name | GREENWAY CROSSING MONTESSORI | Contact | Walker, Cynthia | Full Time | Υ |
| Address | 1325 Greenway Cross | Phone # | 608-274-6475 | Licensed Capacity | 155 |
| | Madison, WI 53713 | Licensed Date | 09/25/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007042 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000575852 | Location Number | 001 | | |
| Facility Name | HARMONY MONTESSORI | Contact | Robinson, Jane | Full Time | Υ |
| Address | 4937 E Buckeye Rd | Phone # | 608-223-1216 | Licensed Capacity | 20 |
| | Madison, WI 53716 | Licensed Date | 06/17/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120808 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 6000559186 | Location Number | 001 | | |

| Facility Name | HEART OF BROOKLYN CHILDCARE CENTER | Contact | Schoenmann, Julie | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 217 Douglas Dr | Phone # | 608-455-3301 | Licensed Capacity | 50 |
| | Brooklyn, WI 53521 | Licensed Date | 08/25/2008 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013499 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 7000583627 | Location Number | 002 | | |
| Facility Name | HEART OF BROOKLYN KOOL KIDZ | Contact | Reimann, Andrew | Full Time | |
| Address | 204 Division St | Phone # | 608-455-3301 | Licensed Capacity | 36 |
| | Brooklyn, WI 53521-9039 | Licensed Date | 10/21/2013 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001497 | Hours | 12:50 PM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000583627 | Location Number | 004 | | |
| Facility Name | HEARTS AND HANDS INC OF MT HOREB | Contact | Treamer, Kimberly | Full Time | Υ |
| Address | 8900 Ridgeview Rd | Phone # | 608-437-6401 | Licensed Capacity | 110 |
| | Mount Horeb, WI 53572-2983 | Licensed Date | 03/28/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008977 | Hours | 06:45 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 7000566357 | Location Number | 003 | | |
| Facility Name | HERE WE GROW LEARNING CENTER | Contact | Wealti, Sara | Full Time | Υ |
| Address | 5206 Anton Dr | Phone # | 608-270-9000 | Licensed Capacity | 117 |
| | Fitchburg, WI 53719 | Licensed Date | 02/16/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008896 | Hours | 06:30 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 5000579325 | Location Number | 001 | | |
| Facility Name | HILDE L MOSSE GAN HAYELED PRESCHOO |) Contact | Sosman, Missy | Full Time | Υ |
| Address | 6434 Enterprise Ln | Phone # | 608-278-1808 | Licensed Capacity | 46 |
| | Madison, WI 53719 | Licensed Date | 10/01/2002 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120021 | Hours | 07:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 2000568962 | Location Number | 002 | | |

| Facility Name | HOLLAND HEARTS AND HANDS PRESCHOO | Contact | Holland, Jane | Full Time | |
|-----------------|------------------------------------|------------------------|-----------------------|--------------------------|------------------------------------|
| Address | 10 Liberty St Ste 118 | Phone # | 608-764-5389 | Licensed Capacity | 20 |
| | Deerfield, WI 53531 | Licensed Date | 11/24/2008 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Jul | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013938 | Hours | 09:00 AM-11:30 AM | Star Level | Unknown |
| Provider Number | 5000579915 | Location Number | 002 | | |
| Facility Name | HOLLAND HEARTS AND HANDS PRESCHOO | Contact | Holland, Jane | Full Time | |
| Address | 10 Liberty St Ste 118 | Phone # | 608-764-5389 | Licensed Capacity | 20 |
| | Deerfield, WI 53531 | Licensed Date | 11/24/2008 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013938 | Hours | -11:00 AM | Star Level | Unknown |
| Provider Number | 5000579915 | Location Number | 002 | | |
| Facility Name | ISTHMUS MONTESSORI ACADEMY INC | Contact | Marlette, Carol A | Full Time | Υ |
| Address | 255 N Sherman Ave | Phone # | 608-661-8200 | Licensed Capacity | 51 |
| | Madison, WI 53704-4448 | Licensed Date | 08/27/2012 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000787 | Hours | 07:30 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 1000587431 | Location Number | 001 | | |
| Facility Name | JOURNEY ABOVE CHILDCARE CENTER | Contact | Cifuentes, Jennifer L | Full Time | Υ |
| Address | 244 Jefferson St | Phone # | 608-835-8000 | Licensed Capacity | 25 |
| | Oregon, WI 53575-1317 | Licensed Date | 02/01/2012 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000245 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 0000587100 | Location Number | 001 | | |
| Facility Name | JUNGLE DAY CARE AND BILINGUAL PSCH | Contact | Ortega, Nayudel | Full Time | Υ |
| Address | 3553 University Ave | Phone # | 608-228-6947 | Licensed Capacity | 15 |
| | Madison, WI 53705-2140 | Licensed Date | 10/20/2014 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001954 | Hours | 06:30 AM-09:00 PM | Star Level | 3 Stars |
| Provider Number | 8000588358 | Location Number | 001 | | |

| Facility Name | JUST FOR ME FAMILY CENTER LLC | Contact | Wayland, Melissa F | ull Time | Y |
|-----------------|------------------------------------|------------------------|---------------------|------------------|------------------------------------|
| Address | 148 W Klubertanz Dr | Phone # | 608-825-8800 L | icensed Capacity | 53 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/01/2010 F | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | 「o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015001 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000580336 | Location Number | 003 | | |
| Facility Name | KENNEDY HEIGHTS CHILDREN'S PROGRAM | Contact | Gilmore, Claude F | ull Time | Υ |
| Address | 199 Kennedy Hts | Phone # | 608-244-0767 L | icensed Capacity | 29 |
| | Madison, WI 53704 | Licensed Date | 06/26/1997 F | rom Age | 0 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120660 | Hours | 08:30 AM-05:00 PM S | Star Level | 5 Stars |
| Provider Number | 1000559831 | Location Number | 001 | | |
| Facility Name | KEVA SPORTS CENTER | Contact | Kruzicki, Tracy F | ull Time | Υ |
| Address | 8312 Forsythia St | Phone # | 608-662-7529 L | icensed Capacity | 50 |
| | Middleton, WI 53562-1442 | Licensed Date | 08/21/2013 F | rom Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug T | 「o Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001357 | Hours | 08:00 AM-04:30 PM | Star Level | Unknown |
| Provider Number | 9000587879 | Location Number | 002 | | |
| Facility Name | KID SAFE PROGRAM INC | Contact | Couey, Jenny F | ull Time | Υ |
| Address | 1209 Park St | Phone # | 608-219-7595 L | icensed Capacity | 50 |
| | Cross Plains, WI 53528 | Licensed Date | 01/03/2011 F | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun T | 「o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015875 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000586040 | Location Number | 001 | | |
| Facility Name | KID'S BEST CHILD CARE | Contact | Stine, Sarah F | ull Time | |
| Address | 821 S Midvale Blvd | Phone # | 608-233-5661 L | icensed Capacity | 75 |
| | Madison, WI 53711 | Licensed Date | 06/30/2008 F | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | Го Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013182 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 9000583699 | Location Number | 001 | | |

| Facility Name | KIDS CLUB | Contact | Soto, Nichole | Full Time | Υ |
|-----------------|------------------------------------|------------------------|---------------------|--------------------------|------------------------------------|
| Address | 101 S Grant St | Phone # | 608-712-9261 | Licensed Capacity | 60 |
| | Belleville, WI 53508 | Licensed Date | 09/21/2005 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009252 | Hours | 07:30 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 0000555670 | Location Number | 004 | | |
| Facility Name | KIDS CLUB AFTER SCHOOL PROGRAM-ELE | Contact | Nyman, Lisa | Full Time | |
| Address | 237 Pearl St | Phone # | 608-712-9251 | Licensed Capacity | 20 |
| | Belleville, WI 53508 | Licensed Date | 08/20/2000 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1002571 | Hours | 07:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 0000555670 | Location Number | 003 | | |
| Facility Name | KIDS' CLUB AND LEARNING CENTER | Contact | Lindert, Karen | Full Time | Υ |
| Address | 125 Rosewood Ave | Phone # | 608-835-5468 | Licensed Capacity | 40 |
| | Oregon, WI 53575-3614 | Licensed Date | 07/15/2013 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001344 | Hours | 06:15 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 2000587822 | Location Number | 001 | | |
| Facility Name | KIDS COUNT INC | Contact | Brattlie, Jennifer | Full Time | Υ |
| Address | 125 N Main St | Phone # | 608-764-5552 | Licensed Capacity | 48 |
| | Deerfield, WI 53531 | Licensed Date | 04/27/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014196 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 5000584605 | Location Number | 001 | | |
| Facility Name | KIDS DEPOT | Contact | Thompson, Stephanie | Full Time | Υ |
| Address | 5301 Commercial Ave | Phone # | 608-249-6448 | Licensed Capacity | 75 |
| | Madison, WI 53704 | Licensed Date | 10/24/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| 1 | | | | | |
| Facility ID | 1009895 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |

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|-------------------------|------------------------------|------------------------|------------------------------|--------------------------|--|
| Facility Name | KIDS EXPRESS LEARNING CENTER | Contact | Dahl, Sandra S | Full Time | Υ |
| Address | 3276 S High Point Rd | Phone # | 608-845-3245 | Licensed Capacity | 227 |
| | Madison, WI 53719 | Licensed Date | 06/23/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120775 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559616 | Location Number | 001 | | |
| Facility Name | KIDS JUNCTION LLC | Contact | Olsen, Sandra | Full Time | Υ |
| Address | 8084 Watts Rd | Phone # | 608-827-5437 | Licensed Capacity | 96 |
| | Madison, WI 53719 | Licensed Date | 03/22/2004 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1007643 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 4000576914 | Location Number | 001 | | |
| Facility Name | KIDS JUNCTION SQUARE | Contact | Olsen, Sandra | Full Time | Υ |
| Address | 8040 Watts Rd | Phone # | 608-827-5437 | Licensed Capacity | 150 |
| | Madison, WI 53719 | Licensed Date | 06/08/2005 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009278 | Hours | 06:00 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 4000576914 | Location Number | 002 | | |
| Facility Name | KIDS' SAFARI LEARNING CENTER | Contact | Dockerty, Leighanne | Full Time | Υ |
| Address | 207 Commerce Pkwy | Phone # | 608-839-9095 | Licensed Capacity | 276 |
| | Cottage Grove, WI 53527 | Licensed Date | 06/07/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009260 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000579718 | Location Number | 001 | | |
| Facility Name | KINDERCARE LEARNING CENTER | Contact | Lafurge, Nikki | Full Time | Υ |
| Address | 6726 Raymond Rd | Phone # | 608-271-0775 | Licensed Capacity | 97 |
| | Madison, WI 53719 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| I . | | | | • | |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED GROUP 120093 | Months Hours | Jan-Dec 06:00 AM-06:00 PM | To Age Star Level | 12 Year(s), 11 Month(s), 0 Week(s) 2 Stars |

| Facility Name | KINDERCARE LEARNING CENTER | Contact | Peterson, Tracy Full | Time | Υ |
|-----------------|----------------------------------|------------------------|------------------------|----------------|------------------------------------|
| Address | 6109 Monona Dr | Phone # | 608-222-6333 Lice | ensed Capacity | 130 |
| | Monona, WI 53716 | Licensed Date | 03/01/1997 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120610 | Hours | 06:00 AM-06:00 PM Star | r Level | 5 Stars |
| Provider Number | 0000580590 | Location Number | 036 | | |
| Facility Name | KINDERCARE LEARNING CENTER | Contact | Grenier, Michelle Full | Time | Υ |
| Address | 2017 Londonderry Dr | Phone # | 608-249-3393 Lice | ensed Capacity | 130 |
| | Madison, WI 53704 | Licensed Date | 03/01/1997 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120609 | Hours | 06:00 AM-06:00 PM Star | r Level | 5 Stars |
| Provider Number | 0000580590 | Location Number | 037 | | |
| Facility Name | KINDERCARE LEARNING CTR-OLD SAUK | Contact | Cass, Cassie Full | Time | Υ |
| Address | 7126 Old Sauk Rd | Phone # | 608-831-1223 Lice | ensed Capacity | 135 |
| | Madison, WI 53717 | Licensed Date | 06/23/1997 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120162 | Hours | 06:00 AM-06:00 PM Star | r Level | 5 Stars |
| Provider Number | 0000555710 | Location Number | 016 | | |
| Facility Name | KING'S KIDS ACADEMY | Contact | Eggers, Kari Full | Time | Υ |
| Address | 8133 Mansion Hill Ave | Phone # | 608-845-5464 Lice | ensed Capacity | 85 |
| | Madison, WI 53719-4489 | Licensed Date | 01/01/2013 From | m Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To A | Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001067 | Hours | 06:30 AM-05:30 PM Star | r Level | 2 Stars |
| Provider Number | 4000587594 | Location Number | 001 | | |
| Facility Name | KOALA - T - KARE C C SUMMER KAMP | Contact | Mielke, Cassie Full | Time | Υ |
| Address | 6815 Schneider Rd | Phone # | 608-239-7665 Lice | ensed Capacity | 34 |
| | Middleton, WI 53562-4015 | Licensed Date | 05/29/2012 From | m Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | May-Aug To A | Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000598 | Hours | 06:30 AM-06:00 PM Star | r Level | Unknown |
| Provider Number | 1000582941 | Location Number | 002 | | |

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|-----------------|-------------------------|------------------------|------------------------|-------------------|------------------------------------|
| Facility Name | KOALA T KARE CHILD CARE | Contact | Schneider, Sue | Full Time | Υ |
| Address | 6300 Enterprise Ln | Phone # | 608-310-6727 | Licensed Capacity | 63 |
| | Madison, WI 53719 | Licensed Date | 11/01/2007 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012387 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000582941 | Location Number | 001 | | |
| Facility Name | KOZY KIDS KORAL | Contact | Leung, Debra | Full Time | Υ |
| Address | 459 N Main St | Phone # | 608-839-3814 | Licensed Capacity | 50 |
| | Cottage Grove, WI 53527 | Licensed Date | 09/06/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000216 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000564614 | Location Number | 001 | | |
| Facility Name | LA PETITE ACADEMY | Contact | Gilbert, Jami | Full Time | Υ |
| Address | 970 N Gammon Rd | Phone # | 608-836-1418 | Licensed Capacity | 87 |
| | Madison, WI 53717 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001665 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 006 | | |
| Facility Name | LA PETITE ACADEMY | Contact | Ulrich, Teresa | Full Time | Υ |
| Address | 6514 Schroeder Rd | Phone # | 608-277-0076 | Licensed Capacity | 129 |
| | Madison, WI 53711 | Licensed Date | 07/02/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001671 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 009 | | |
| Facility Name | LA PETITE ACADEMY | Contact | Johanning, Carmen | Full Time | Υ |
| Address | 635 Lincoln Ave | Phone # | 608-873-5039 | Licensed Capacity | 112 |
| | Stoughton, WI 53589 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| | 1001674 | | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Facility ID | 1001674 | Hours | 00.30 AIVI-00.00 F IVI | Star Lever | o olais |

| Facility Name | LA PETITE ACADEMY BELLEVILLE | Contact | Widmer, Ashley | Full Time | Υ |
|-----------------|------------------------------|-----------------|---------------------|--------------------------|------------------------------------|
| Address | 11 Karl Ave | Phone # | 608-424-6319 | Licensed Capacity | 75 |
| | Belleville, WI 53508 | Licensed Date | 03/14/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009018 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 8000558368 | Location Number | 023 | | |
| Facility Name | LA PETITE ACADEMY CROSSROADS | Contact | Conway, Marci | Full Time | Υ |
| Address | 3801 S Dutch Mill Rd | Phone # | 608-223-9686 | Licensed Capacity | 97 |
| | Madison, WI 53718 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001680 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 008 | | |
| Facility Name | LA PETITE ACADEMY FITCHBURG | Contact | Chamberlain, Sheila | Full Time | Υ |
| Address | 5574 Lacy Rd | Phone # | 608-277-8388 | Licensed Capacity | 128 |
| | Fitchburg, WI 53711 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001672 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 8000558368 | Location Number | 005 | | |
| Facility Name | LA PETITE ACADEMY FOURIER | Contact | Krohn, Danielle | Full Time | Υ |
| Address | 1222 Fourier Dr | Phone # | 608-836-4769 | Licensed Capacity | 105 |
| | Madison, WI 53717 | Licensed Date | 03/14/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009014 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 025 | | |
| Facility Name | LA PETITE ACADEMY GAMMON 202 | Contact | Riggs, Kelley | Full Time | Υ |
| Address | 202 S Gammon Rd | Phone # | 608-827-4769 | Licensed Capacity | 78 |
| | Madison, WI 53717 | Licensed Date | 03/14/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009017 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 024 | | |
| | | | | | |

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|----------------------|----------------------------------|-----------------|----------------------|-------------------|------------------------------------|
| Facility Name | LA PETITE ACADEMY MONONA | Contact | Weis, Terri | Full Time | Υ |
| Address | 6500 Bridge Rd | Phone # | 608-222-0328 | Licensed Capacity | 129 |
| | Monona, WI 53713 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001675 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 8000558368 | Location Number | 011 | | |
| Facility Name | LA PETITE ACADEMY MONTANA AVENUE | Contact | Bruns, Mackenzie | Full Time | Υ |
| Address | 2380 Montana Ave | Phone # | 608-837-0233 | Licensed Capacity | 150 |
| | Sun Prairie, WI 53590 | Licensed Date | 01/03/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008687 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 8000558368 | Location Number | 020 | | |
| Facility Name | LA PETITE ACADEMY OREGON | Contact | Richardson, Marianne | Full Time | Υ |
| Address | 665 E Netherwood | Phone # | 608-835-8658 | Licensed Capacity | 170 |
| | Oregon, WI 53575 | Licensed Date | 07/17/2000 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001670 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 012 | | |
| Facility Name | LA PETITE ACADEMY VERONA | Contact | Bohacek, Kaiti | Full Time | Υ |
| Address | 220 Cross Country Rd | Phone # | 608-848-4769 | Licensed Capacity | 105 |
| | Verona, WI 53593 | Licensed Date | 03/14/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009019 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 8000558368 | Location Number | 022 | | |
| Facility Name | LA PETITE ACADEMY WOODLAND | Contact | Presser, Jennifer | Full Time | Υ |
| Address | 5896 Woodland Dr | Phone # | 608-850-5665 | Licensed Capacity | 125 |
| | Waunakee, WI 53597 | Licensed Date | 03/14/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Catagomi | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Calegory | LIGHTOLD GIVOOI | | | | |
| Category Facility ID | 1009020 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |

| Facility Name | LEAP ACADEMY | Contact | Wilkes, Maria D | Full Time | Υ |
|-----------------|---|------------------------|------------------------|-------------------|------------------------------------|
| Address | 101 Kearney Way | Phone # | 608-850-9696 | Licensed Capacity | 63 |
| | Waunakee, WI 53597-1475 | Licensed Date | 09/02/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001968 | Hours | 06:30 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 3000588293 | Location Number | 001 | | |
| Facility Name | LEARNING AND BEYOND PRESCHOOL LLC | Contact | Dodge, Amy | Full Time | Υ |
| Address | 6117 Johnson St | Phone # | 608-838-1466 | Licensed Capacity | 59 |
| | Mc Farland, WI 53558-9235 | Licensed Date | 03/02/2009 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014042 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 1000584441 | Location Number | 001 | | |
| Facility Name | LEARNING LADDER PRESCHOOL AND CC | Contact | Kudrna, Linda K | Full Time | Υ |
| Address | 312 W Cottage Grove Rd | Phone # | 608-839-5437 | Licensed Capacity | 110 |
| | Cottage Grove, WI 53527 | Licensed Date | 09/07/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120667 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000561441 | Location Number | 001 | | |
| Facility Name | LEARNING TREE AND PLAYLAND CHILDCA | Contact | Viney, Laura | Full Time | Υ |
| Address | Ste D | Phone # | 608-719-5019 | Licensed Capacity | 29 |
| | 1740 E Main St Stoughton WI 53589-2072 | Licensed Date | 09/29/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002010 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000588330 | Location Number | 001 | | |
| Facility Name | LIFECYCLE KIDS LLC | Contact | Peterson-Lienau, Karen | Full Time | Υ |
| Address | 105 E Hudson St | Phone # | 608-795-2444 | Licensed Capacity | 43 |
| | Mazomanie, WI 53560-9802 | Licensed Date | 02/01/2014 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001505 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 8000588068 | Location Number | 001 | | |

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|-------------------------|-------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | LIGHTHOUSE CHRISTIAN SCHOOL | Contact | Sierra, Tia | Full Time | Υ |
| Address | 5202 Regent St | Phone # | 608-441-9408 | Licensed Capacity | 30 |
| I | Madison, WI 53705 | Licensed Date | 10/08/2007 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012083 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 0000582650 | Location Number | 001 | | |
| Facility Name | LIGHTHOUSE KIDS | Contact | Colegial, Ciji | Full Time | Υ |
| Address | 1356 Macarthur Rd | Phone # | 608-441-9405 | Licensed Capacity | 36 |
| I | Madison, WI 53714-1018 | Licensed Date | 03/10/2015 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2002278 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 0000582650 | Location Number | 002 | | |
| Facility Name | LITTLE ANGELS EARLY LEARNING CENTER | Contact | Grady, Katie | Full Time | |
| Address | 103 N Alpine Pkwy | Phone # | 608-835-1945 | Licensed Capacity | 55 |
| l | Oregon, WI 53575 | Licensed Date | 09/06/2005 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009647 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 9000577669 | Location Number | 002 | | |
| Facility Name | LITTLE BLESSINGS PRESCHOOL | Contact | Mueller, Jodi | Full Time | |
| Address | 5701 Raymond Rd | Phone # | 608-271-6633 | Licensed Capacity | 20 |
| I | Madison, WI 53711 | Licensed Date | 09/01/1999 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1001441 | Hours | 08:30 AM-03:30 PM | Star Level | Unknown |
| Provider Number | 5000577665 | Location Number | 001 | | |
| Facility Name | LITTLE BLESSINGS PRESCHOOL | Contact | Mueller, Jodi | Full Time | |
| Address | 7291 Cty Hwy Pd | Phone # | 608-845-8955 | Licensed Capacity | 42 |
| I | Verona, WI 53593 | Licensed Date | 09/11/2006 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| ii | | Mantha | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-iviay | 10 Ago | 5 rear(3), rr worth(3), 6 vvcck(3) |
| Category Facility ID | LICENSED GROUP 1010694 | Hours | 08:30 AM-03:30 PM | Star Level | 2 Stars |

| Facility Name | LITTLE BUILDERS DAY SCHOOL | Contact | Hietpas, Tracy | Full Time | Υ |
|-----------------|--------------------------------|-----------------|--------------------|--------------------------|------------------------------------|
| Address | 2625 Research Park Dr | Phone # | 608-204-7205 | Licensed Capacity | 14 |
| | Fitchburg, WI 53711 | Licensed Date | 10/16/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010894 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 3000564863 | Location Number | 002 | | |
| Facility Name | LITTLE CHICKS LEARNING ACADEMY | Contact | Dignan, Krista | Full Time | Υ |
| Address | 5003 University Ave | Phone # | 608-233-7373 | Licensed Capacity | 28 |
| | Madison, WI 53705-5440 | Licensed Date | 08/29/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010936 | Hours | 06:00 AM-09:00 PM | Star Level | 5 Stars |
| Provider Number | 7000581487 | Location Number | 001 | | |
| Facility Name | LITTLE CHICKS LEARNING ACADEMY | Contact | Ketarkus, Jennifer | Full Time | Υ |
| Address | 601 N Whitney Way | Phone # | 608-233-9970 | Licensed Capacity | 33 |
| | Madison, WI 53705 | Licensed Date | 05/01/2012 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012500 | Hours | 06:00 AM-09:00 PM | Star Level | 5 Stars |
| Provider Number | 7000581487 | Location Number | 002 | | |
| Facility Name | LITTLE EXPLORERS PRESCHOOL | Contact | Horn, Shelly | Full Time | Υ |
| Address | 5218 Reiner Rd | Phone # | 608-837-6100 | Licensed Capacity | 202 |
| | Madison, WI 53718 | Licensed Date | 09/14/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012325 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 1000567431 | Location Number | 004 | | |
| Facility Name | LITTLE FAMILY DAY CARE | Contact | Hoppman, Tracy | Full Time | Υ |
| Address | 102 Lothe Rd | Phone # | 608-655-3653 | Licensed Capacity | 44 |
| | Marshall, WI 53559 | Licensed Date | 06/10/2011 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016072 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 7000586237 | Location Number | 002 | | |
| | | | | | |

| Facility Name | LITTLE FOLKS GROWING CENTER LLC | Contact | Hinkes, Mary Anne | Full Time | Υ |
|-----------------|-------------------------------------|------------------------|-----------------------|--------------------------|------------------------------------|
| Address | 537 N Main St | Phone # | 608-835-3577 | Licensed Capacity | 29 |
| | Oregon, WI 53575 | Licensed Date | 05/01/2006 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010495 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 1000559751 | Location Number | 002 | | |
| Facility Name | LITTLE PILGRIMS | Contact | Carlson, Jessica | Full Time | Υ |
| Address | 3102 Prairie Rd | Phone # | 608-274-1675 | Licensed Capacity | 50 |
| | Madison, WI 53719 | Licensed Date | 11/09/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012434 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 6000582976 | Location Number | 001 | | |
| Facility Name | LITTLE RED PRESCHOOL | Contact | Olson, Diane | Full Time | Υ |
| Address | 7739 Terrace Ave | Phone # | 608-831-0033 | Licensed Capacity | 148 |
| | Middleton, WI 53562 | Licensed Date | 09/26/1999 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000954 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 7000567867 | Location Number | 001 | | |
| Facility Name | LITTLE SPARTANS CHILD DEVEL CTR | Contact | Charlesworth, Lindsey | Full Time | Υ |
| Address | 4721 Ivywood Trl | Phone # | 608-838-0171 | Licensed Capacity | 59 |
| | Mc Farland, WI 53558-9436 | Licensed Date | 09/24/2012 | From Age | 0 Year(s), 0 Month(s), 8 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000903 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000587480 | Location Number | 001 | | |
| Facility Name | LITTLE VIKINGS 4K AND CHILDCARE LLC | Contact | Fritz, Brenda | Full Time | Υ |
| Address | 310 W Main St | Phone # | 608-237-1826 | Licensed Capacity | 35 |
| | Mount Horeb, WI 53572-1917 | Licensed Date | 09/09/2013 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001449 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 3000587923 | Location Number | 001 | | |
| | | | | | |

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|-----------------|------------------------------------|-----------------|----------------------|--------------------------|------------------------------------|
| Facility Name | LIVING CHRIST PRESCHOOL | Contact | Haygood, Karen | Full Time | Υ |
| Address | 110 N Gammon Rd | Phone # | 608-829-3598 | Licensed Capacity | 45 |
| | Madison, WI 53717 | Licensed Date | 03/01/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120407 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000577840 | Location Number | 001 | | |
| Facility Name | LUSSIER COMMUNITY EDUCATION CENTER | Contact | Terranova, Paul | Full Time | Υ |
| Address | 55 S Gammon Rd | Phone # | 608-833-4979 | Licensed Capacity | 35 |
| | Madison, WI 53717 | Licensed Date | 03/28/2011 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015596 | Hours | 08:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 3000585803 | Location Number | 001 | | |
| Facility Name | LUTHER MEMORIAL PRESCHOOL | Contact | Duchateau, Suzanne | Full Time | Υ |
| Address | 1021 University Ave | Phone # | 608-258-3168 | Licensed Capacity | 27 |
| | Madison, WI 53715 | Licensed Date | 04/01/2006 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010113 | Hours | 07:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 4000580894 | Location Number | 001 | | |
| Facility Name | MARIPOSA LEARNING CENTER INC. | Contact | Wooldridge, Patricia | Full Time | Υ |
| Address | 720 Nygaard St | Phone # | 608-205-6677 | Licensed Capacity | 30 |
| | Stoughton, WI 53589-5418 | Licensed Date | 02/01/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001661 | Hours | 06:45 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 5000588065 | Location Number | 001 | | |
| Facility Name | MARTIN LUTHER CHRISTIAN DAY SCHOOL | Contact | Florence, Julie | Full Time | Υ |
| Address | 900 W Wilson St | Phone # | 608-873-7884 | Licensed Capacity | 207 |
| | Stoughton, WI 53589 | Licensed Date | 07/20/2009 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014345 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 1000558121 | Location Number | 003 | | |

| Facility Name | MARY LAKE MONTESSORI INC | Contact | Lange, Kathryn | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 5464 Mary Lake Rd | Phone # | 608-849-8800 | Licensed Capacity | 80 |
| | Waunakee, WI 53597 | Licensed Date | 08/20/1984 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120142 | Hours | 06:30 AM-06:00 PM | Star Level | 4 Stars |
| Provider Number | 6000572656 | Location Number | 001 | | |
| Facility Name | MATC CHILD AND FAMILY CENTER TRUAX | Contact | Unal, Cigdem | Full Time | Υ |
| Address | 1701 Wright St | Phone # | 608-246-6766 | Licensed Capacity | 32 |
| | Madison, WI 53704-2599 | Licensed Date | 08/24/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120584 | Hours | 06:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 6000558916 | Location Number | 002 | | |
| Facility Name | MATC CHILD AND FAMILY CTR DOWNTOWN | Contact | Unal, Cigdem | Full Time | Υ |
| Address | 211 N Carroll St | Phone # | 608-258-2424 | Licensed Capacity | 32 |
| | Madison, WI 53703 | Licensed Date | 06/12/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120343 | Hours | 06:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 6000558916 | Location Number | 001 | | |
| Facility Name | MEETING HOUSE NURSERY SCHOOL INC | Contact | Dill, Sarah | Full Time | |
| Address | 900 University Bay Dr | Phone # | 608-233-9776 | Licensed Capacity | 74 |
| | Madison, WI 53705 | Licensed Date | 03/01/1998 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jul | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120215 | Hours | 08:15 AM-04:15 PM | Star Level | 5 Stars |
| Provider Number | 6000578006 | Location Number | 001 | | |
| Facility Name | MERITER CHILDREN'S CENTER | Contact | Harrison, Martha | Full Time | Υ |
| Address | 1021 S Mound St | Phone # | 608-417-6576 | Licensed Capacity | 80 |
| | Madison, WI 53715 | Licensed Date | 06/04/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120164 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 9000558129 | Location Number | 001 | | |

| Facility Name | MESSIAH PRESCHOOL | Contact | Rogers, Bobbie | Full Time | N |
|-----------------|-------------------------------------|------------------------|--------------------|--------------------------|------------------------------------|
| Address | 5202 Cottage Grove Rd | Phone # | 608-222-3833 | Licensed Capacity | 18 |
| | Madison, WI 53716 | Licensed Date | 11/01/1996 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120216 | Hours | 09:00 AM-03:00 PM | Star Level | Unknown |
| Provider Number | 8000577938 | Location Number | 001 | | |
| Facility Name | MIDDLETON BABY AND CHILD CARE CENTU | Contact | Strasma, Anne E | Full Time | Υ |
| Address | 5219 Century Ave | Phone # | 608-819-8370 | Licensed Capacity | 130 |
| | Middleton, WI 53562-2052 | Licensed Date | 10/13/2014 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001959 | Hours | 07:00 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 2000582462 | Location Number | 002 | | |
| Facility Name | MIDDLETON PRESCHOOL INC | Contact | Stoppleworth, Joan | Full Time | |
| Address | 7118 Old Sauk Rd | Phone # | 608-836-7554 | Licensed Capacity | 18 |
| | Madison, WI 53717 | Licensed Date | 11/18/2001 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005439 | Hours | 08:30 AM-03:30 PM | Star Level | 5 Stars |
| Provider Number | 9000572609 | Location Number | 001 | | |
| Facility Name | MONONA GROVE NURSERY SCHOOL | Contact | Carr, Sue | Full Time | |
| Address | 4200 Buckeye Rd | Phone # | 608-222-4633 | Licensed Capacity | 38 |
| | Madison, WI 53716 | Licensed Date | 05/01/1998 | From Age | 2 Year(s), 9 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120220 | Hours | 08:45 AM-03:45 PM | Star Level | 5 Stars |
| Provider Number | 7000577687 | Location Number | 001 | | |
| Facility Name | MONTESSORI CHILDRENS HOUSE | Contact | Kvalheim, Laura | Full Time | Υ |
| Address | 5530 Medical Cir | Phone # | 608-273-8600 | Licensed Capacity | 75 |
| | Madison, WI 53719 | Licensed Date | 06/04/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120033 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 5000558135 | Location Number | 001 | | |

| Facility Name | MOPPET LLC | Contact | Endres, Brandi F | ull Time | Υ |
|-----------------|----------------------------------|------------------------|----------------------------|------------------|------------------------------------|
| Address | 203 W Main St | Phone # | 608-849-5453 L | icensed Capacity | 75 |
| | Waunakee, WI 53597-2720 | Licensed Date | 08/01/2013 F | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | o Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001401 | Hours | 06:30 AM-05:30 PM s | Star Level | 2 Stars |
| Provider Number | 1000587861 | Location Number | 001 | | |
| Facility Name | MT OLIVE CHRISTIAN PRESCHOOL | Contact | Zobel, Laurel F | ull Time | |
| Address | 110 N Whitney Way | Phone # | 608-238-5656 L | icensed Capacity | 18 |
| | Madison, WI 53705 | Licensed Date | 09/02/2009 F | rom Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-May T | o Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014558 | Hours | 09:00 AM-12:00 PM S | Star Level | Unknown |
| Provider Number | 4000577934 | Location Number | 002 | | |
| Facility Name | NANNY LOVE DAYCARE AND PRESCHOOL | Contact | Zwettler, Jennifer F | ull Time | Υ |
| Address | 2407 Brewery Rd | Phone # | 608-798-3343 L | icensed Capacity | 40 |
| | Cross Plains, WI 53528 | Licensed Date | 11/05/2007 F | rom Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011916 | Hours | 06:30 AM-06:30 PM S | Star Level | 2 Stars |
| Provider Number | 5000582495 | Location Number | 001 | | |
| Facility Name | NEW MORNING NURSERY SCHOOL | Contact | Denton, April F | ull Time | |
| Address | 718 Gilmore St | Phone # | 608-233-0433 L | icensed Capacity | 48 |
| | Madison, WI 53711 | Licensed Date | 11/01/1996 F | rom Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | o Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120035 | Hours | 08:30 AM-04:00 PM S | Star Level | 5 Stars |
| Provider Number | 1000577881 | Location Number | 001 | | |
| Facility Name | NINOS HEROES GROUP DAYCARE LLC | Contact | Grajales, Maria F | ull Time | Υ |
| Address | 201 E Badger Rd | Phone # | 608-665-3343 L | icensed Capacity | 30 |
| | Madison, WI 53713-2706 | Licensed Date | 01/27/2014 F | rom Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec T | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001491 | Hours | 06:00 AM-06:00 PM | Star Level | 1 Star |
| Provider Number | 2000588072 | Location Number | 001 | | |

| Facility Name | ONCE UPON A TIME CHILD CARE CENTER | Contact | Mears, De De | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Address | 910 Whalen Rd | Phone # | 608-845-2367 | Licensed Capacity | 155 |
| | Verona, WI 53593 | Licensed Date | 07/31/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010699 | Hours | 06:30 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 3000581263 | Location Number | 001 | | |
| Facility Name | ORCHARD RIDGE NURSERY SCHOOL | Contact | Burke, Elizabeth | Full Time | Υ |
| Address | 1025 Mckenna Blvd | Phone # | 608-274-8407 | Licensed Capacity | 70 |
| | Madison, WI 53719 | Licensed Date | 03/01/1998 | From Age | 2 Year(s), 3 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120223 | Hours | 07:45 AM-05:00 PM | Star Level | 5 Stars |
| Provider Number | 2000577812 | Location Number | 001 | | |
| Facility Name | OREGON DAYCARE INC | Contact | Slater, Linda | Full Time | Υ |
| Address | 172 N Main St | Phone # | 608-835-3396 | Licensed Capacity | 70 |
| | Oregon, WI 53575 | Licensed Date | 06/04/1997 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120189 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 9000558139 | Location Number | 001 | | |
| Facility Name | OREGON PRESCHOOL INC | Contact | Torpy, Kristin | Full Time | |
| Address | 625 E Netherwood | Phone # | 608-835-9216 | Licensed Capacity | 30 |
| | Oregon, WI 53575 | Licensed Date | 04/01/1997 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120224 | Hours | 08:15 AM-03:30 PM | Star Level | Unknown |
| Provider Number | 8000577898 | Location Number | 001 | | |
| Facility Name | ORTON PARK DAY CAMP | Contact | Niec, Mary | Full Time | Υ |
| Address | 1200 Spaight St | Phone # | 608-249-3991 | Licensed Capacity | 24 |
| | Madison, WI 53703 | Licensed Date | 06/03/1997 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 140039 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 8000557978 | Location Number | 001 | | |
| 1 | | | | | |

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|-----------------|---------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Facility Name | OUT AND ABOUT DAY CAMP | Contact | Loughran, Lynda | Full Time | Υ |
| Address | 234 N Lexington Pkwy | Phone # | 608-770-7403 | Licensed Capacity | 135 |
| | De Forest, WI 53532-3003 | Licensed Date | 06/12/2006 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1010658 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000581204 | Location Number | 001 | | |
| Facility Name | PEACE LUTHERAN PRESCHOOL | Contact | Briesath, Sandra | Full Time | Υ |
| Address | 701 S Century Ave | Phone # | 608-849-7322 | Licensed Capacity | 50 |
| | Waunakee, WI 53597 | Licensed Date | 09/07/2010 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015516 | Hours | 07:00 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 4000585914 | Location Number | 001 | | |
| Facility Name | PEQUENOS TRAVIESOS LLC | Contact | Soto, Erika | Full Time | Υ |
| Address | 21 Nygard St | Phone # | 608-541-8014 | Licensed Capacity | 47 |
| | Madison, WI 53713-2017 | Licensed Date | 06/19/2012 | From Age | 0 Year(s), 1 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000577 | Hours | 06:00 AM-11:30 PM | Star Level | 3 Stars |
| Provider Number | 6000587326 | Location Number | 001 | | |
| Facility Name | PLAY HAVEN ATLAS LLC | Contact | Corsten, Kelly | Full Time | Υ |
| Address | 1 Atlas Ct | Phone # | 608-221-0110 | Licensed Capacity | 140 |
| | Madison, WI 53714 | Licensed Date | 07/13/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120416 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000560639 | Location Number | 001 | | |
| Facility Name | PLAY HAVEN EAST TOWNE LLC | Contact | Bahler, Adrienne | Full Time | Υ |
| Address | 4111 E Towne Blvd | Phone # | 608-249-8722 | Licensed Capacity | 175 |
| | Madison, WI 53704 | Licensed Date | 03/29/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| · · | | | | • | (-) |
| Facility ID | 120039 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |

| Facility Name Address | PLAY HAVEN SUN PRAIRIE LLC 1160 Emerald Terrace | Contact | Pennekamp, Stacee | Full Time | Υ |
|--------------------------|--|------------------------|---------------------|--------------------------|------------------------------------|
| Address | 1160 Emerald Terrace | | | | |
| | 1160 Emerald Terrace | Phone # | 608-825-3880 | Licensed Capacity | 150 |
| | Sun Prairie, WI 53590 | Licensed Date | 05/28/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120590 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000557489 | Location Number | 001 | | |
| Facility Name | PLAY HAVEN VILAS LLC | Contact | Mckinstry, Laurie | Full Time | Υ |
| Address | 1315 Vilas Ave | Phone # | 608-251-1041 | Licensed Capacity | 40 |
| | Madison, WI 53715 | Licensed Date | 06/23/1997 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 7 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120038 | Hours | 06:45 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 5000559605 | Location Number | 001 | | |
| Facility Name | PLEASANTIME CHILD CARE CENTER | Contact | Ward, Jacquelyn | Full Time | Υ |
| Address | 725 W Water St | Phone # | 608-423-9655 | Licensed Capacity | 84 |
| | Cambridge, WI 53523 | Licensed Date | 02/02/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120572 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000557469 | Location Number | 001 | | |
| Facility Name | POOH BEAR CHILDCARE | Contact | Shaeffer, Theresa | Full Time | Υ |
| Address | 1340 Deming Way | Phone # | 608-831-2327 | Licensed Capacity | 145 |
| | Middleton, WI 53562 | Licensed Date | 09/03/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005892 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 5000577825 | Location Number | 001 | | |
| Facility Name | POOH BEAR CHILDCARE | Contact | Belanger, Rhiannon | Full Time | Υ |
| Address | 5961 Schumann Dr | Phone # | 608-271-7664 | Licensed Capacity | 115 |
| | Fitchburg, WI 53719 | Licensed Date | 08/06/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| 1 | | | 00 00 111 00 00 011 | 0411 | 0.04 |
| Facility ID | 1004113 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |

| Facility Name | POOH BEAR CHILD CARE CORPORATE CTF | Contact | Reese, Linda | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 290 Corporate Dr | Phone # | 608-249-5273 | Licensed Capacity | 100 |
| | Madison, WI 53714 | Licensed Date | 06/12/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120595 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 0000558920 | Location Number | 001 | | |
| Facility Name | PRAIRIE ATHLETIC CLUB KIDS | Contact | Richter, Niki | Full Time | Υ |
| Address | 1010 N Bird St | Phone # | 608-837-4646 | Licensed Capacity | 70 |
| | Sun Prairie, WI 53590-1174 | Licensed Date | 09/02/2014 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015268 | Hours | 07:15 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 1000588301 | Location Number | 001 | | |
| Facility Name | PRECIOUS MOMENTS NSY AND KIND PREP | Contact | Jones, Andrea | Full Time | Υ |
| Address | 1181 North Sherman Ave | Phone # | 608-819-8989 | Licensed Capacity | 67 |
| | Madison, WI 53704 | Licensed Date | 04/09/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015110 | Hours | 06:00 AM-11:00 PM | Star Level | 2 Stars |
| Provider Number | 9000584319 | Location Number | 002 | | |
| Facility Name | PRESCHOOL OF THE ARTS INC | Contact | Mitchell, Stacey | Full Time | Υ |
| Address | 11 Science Ct | Phone # | 608-233-1707 | Licensed Capacity | 212 |
| | Madison, WI 53711 | Licensed Date | 06/03/1997 | From Age | 1 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120041 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 5000557945 | Location Number | 001 | | |
| Facility Name | PUMPKIN PATCH PRESCHOOL | Contact | Itzen, Elizabeth | Full Time | Υ |
| Address | 900 W Wilson St Ste 2 | Phone # | 608-873-3380 | Licensed Capacity | 60 |
| | Stoughton, WI 53589 | Licensed Date | 08/04/2009 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014382 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 1000573981 | Location Number | 002 | | |

| Facility Name | RED CABOOSE DAY CARE CENTER INC | Contact | Rakower, Wendy | Full Time | Υ |
|-----------------|----------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 654 Williamson St | Phone # | 608-256-1566 | Licensed Capacity | 60 |
| | Madison, WI 53703 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 9 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120043 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000557946 | Location Number | 001 | | |
| Facility Name | RED CABOOSE SCHOOL AGE LAPHAM | Contact | Walsh, Gavin | Full Time | |
| Address | 1045 E Dayton St | Phone # | 608-204-4164 | Licensed Capacity | 90 |
| | Madison, WI 53703 | Licensed Date | 01/10/1999 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120404 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 6000557946 | Location Number | 003 | | |
| Facility Name | RED CABOOSE SCHOOL AGE MARQUETTE | Contact | Melkert, Lisa | Full Time | |
| Address | 1501 Jenifer St | Phone # | 608-204-6887 | Licensed Capacity | 64 |
| | Madison, WI 53703 | Licensed Date | 01/10/1999 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120534 | Hours | 07:30 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 6000557946 | Location Number | 002 | | |
| Facility Name | RESURRECTION LUTHERAN PRESCHOOL | Contact | Mikula, Katie | Full Time | |
| Address | 6705 Wesner Rd | Phone # | 608-848-4966 | Licensed Capacity | 23 |
| | Verona, WI 53593 | Licensed Date | 10/31/2011 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000095 | Hours | -12:00 PM | Star Level | Unknown |
| Provider Number | 0000586960 | Location Number | 001 | | |
| Facility Name | ROCK-A-BYE BABY NURSERY SCHOOL | Contact | Gretzinger, Julie | Full Time | Υ |
| Address | 801 Lois Dr | Phone # | 608-834-5867 | Licensed Capacity | 37 |
| | Sun Prairie, WI 53590 | Licensed Date | 08/29/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 2 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009677 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000577304 | Location Number | 002 | | |

| Category Facility ID | ROCK-A-BYE CHILD CARE LEARNING CTR 811 Lois Dr Sun Prairie, WI 53590 LICENSED GROUP 1011328 | Contact Phone # Licensed Date | Gretzinger, Julie 608-834-5867 11/10/2006 | | Y 52 |
|--|---|-------------------------------|---|--------------------------|------------------------------------|
| Category Facility ID Provider Number | Sun Prairie, WI 53590 LICENSED GROUP | Licensed Date | | | 52 |
| Facility ID Provider Number | LICENSED GROUP | | 11/10/2006 | | |
| Facility ID Provider Number | | | 1 11 13/2000 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Provider Number | 1011328 | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| | | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Facility Name | 4000577304 | Location Number | 003 | | |
| - | ROCK-A-BYE EDUCATION CONNECTION | Contact | Bischoff, Emily | Full Time | Υ |
| Address | 751 Lois Dr | Phone # | 608-834-5867 | Licensed Capacity | 100 |
| | Sun Prairie, WI 53590 | Licensed Date | 08/22/2004 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008240 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 4000577304 | Location Number | 001 | | |
| Facility Name | SACRED HEARTS EXTENDED DAY CARE | Contact | Roelfs, Marilyn | Full Time | Υ |
| Address | 315 Columbus St | Phone # | 608-825-3004 | Licensed Capacity | 70 |
| | Sun Prairie, WI 53590 | Licensed Date | 06/05/1997 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120136 | Hours | 06:45 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 9000558159 | Location Number | 001 | | |
| Facility Name | SANDCASTLE DAYCARE | Contact | Pytel, Ann | Full Time | Υ |
| Address | 2215 Main St | Phone # | 608-798-2213 | Licensed Capacity | 15 |
| | Cross Plains, WI 53528 | Licensed Date | 06/05/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120632 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 2000558162 | Location Number | 001 | | |
| Facility Name | SCHOOLS OUT | Contact | Hoppman, Tracy | Full Time | Υ |
| Address | 369 Williams St | Phone # | 608-655-1588 | Licensed Capacity | 50 |
| | Marshall, WI 53559 | Licensed Date | 06/10/2011 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1016071 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 7000586237 | Location Number | 001 | | |

| Facility Name | SMARTIE PANTS EARLY LEARNING CENTER | Contact | Barr, Kristi | Full Time | Υ |
|-----------------|-------------------------------------|------------------------|--------------------|--------------------------|------------------------------------|
| Address | 1293 N Sherman Ave | Phone # | 608-245-1444 | Licensed Capacity | 80 |
| | Madison, WI 53704-4236 | Licensed Date | 10/30/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001540 | Hours | 06:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 1000587981 | Location Number | 001 | | |
| Facility Name | SONSHINE CHRISTIAN PRESCHOOL | Contact | Johnston, Jennifer | Full Time | |
| Address | 639 S 8th St | Phone # | 608-437-1470 | Licensed Capacity | 19 |
| | Mount Horeb, WI 53572-2322 | Licensed Date | 09/08/2004 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008140 | Hours | 09:00 AM-03:30 PM | Star Level | Unknown |
| Provider Number | 6000577636 | Location Number | 001 | | |
| Facility Name | SPARTAN DAY CAMP | Contact | Seay, Shelly | Full Time | Υ |
| Address | 4725 Dale Curtin Dr | Phone # | 608-438-3003 | Licensed Capacity | 35 |
| | Mc Farland, WI 53558-8958 | Licensed Date | 06/16/2014 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001828 | Hours | 07:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 3000588213 | Location Number | 001 | | |
| Facility Name | STARLIGHT LEARNING CENTER | Contact | Wackett, Jessica | Full Time | Υ |
| Address | 214 S Forrest St | Phone # | 608-873-7997 | Licensed Capacity | 40 |
| | Stoughton, WI 53589 | Licensed Date | 02/25/2008 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012854 | Hours | 06:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 5000583415 | Location Number | 001 | | |
| Facility Name | ST BERNARD PRESCHOOL | Contact | Witke, Renee | Full Time | Υ |
| Address | 2438 Atwood Ave | Phone # | 608-249-7288 | Licensed Capacity | 40 |
| | Madison, WI 53704 | Licensed Date | 03/01/1997 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120113 | Hours | 07:30 AM-03:30 PM | Star Level | Unknown |
| Provider Number | 4000577974 | Location Number | 001 | | |
| | | | | | |

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|-----------------|----------------------------------|------------------------|--------------------|--------------------------|------------------------------------|
| Facility Name | ST JAMES PRESCHOOL | Contact | Pearl, Heather | Full Time | |
| Address | 425 S Main St | Phone # | 608-845-6922 | Licensed Capacity | 22 |
| | Verona, WI 53593 | Licensed Date | 09/06/2005 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009563 | Hours | -11:30 AM | Star Level | Unknown |
| Provider Number | 3000580053 | Location Number | 001 | | |
| Facility Name | ST MARYS CHILD CARE CENTER | Contact | Ewoldt, Emily | Full Time | Υ |
| Address | 723 S Orchard St | Phone # | 608-255-4880 | Licensed Capacity | 80 |
| | Madison, WI 53715-1853 | Licensed Date | 06/01/2013 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001265 | Hours | 06:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 3000556623 | Location Number | 003 | | |
| Facility Name | SUNBROOK CHILD CARE CENTER | Contact | Jacobson, Amy | Full Time | Υ |
| Address | 311 Madison St | Phone # | 608-655-1324 | Licensed Capacity | 50 |
| | Marshall, WI 53559 | Licensed Date | 04/30/2007 | From Age | 0 Year(s), 0 Month(s), 2 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011799 | Hours | 05:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 7000582397 | Location Number | 001 | | |
| Facility Name | SUN PRAIRIE NURSERY SCHOOL | Contact | Knudten, Elizabeth | Full Time | Υ |
| Address | 702 North St | Phone # | 608-837-3112 | Licensed Capacity | 40 |
| | Sun Prairie, WI 53590 | Licensed Date | 12/01/1996 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120228 | Hours | 08:00 AM-03:00 PM | Star Level | Unknown |
| Provider Number | 2000577912 | Location Number | 001 | | |
| Facility Name | SWIM AND GYM ALL SPORTS CAMP LLC | Contact | Kittelson, Karen | Full Time | Υ |
| Address | 1001 Deming Way | Phone # | 608-831-6829 | Licensed Capacity | 60 |
| | Madison, WI 53717 | Licensed Date | 04/01/2004 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006536 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | | | | | |

| Facility Name | TAMMY'S LITTLE SWEETHEARTS | Contact | Switalla, Tammy | Full Time | Υ |
|-------------------------|-----------------------------------|-----------------|-------------------|--------------------------|------------------------------------|
| Address 149 Highwood Dr | - | Phone # | 608-884-9571 | Licensed Capacity | 33 |
| | Edgerton, WI 53534 | Licensed Date | 12/29/1996 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120715 | Hours | 06:45 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 5000555775 | Location Number | 001 | | |
| Facility Name | TANYAS BIG HOUSE 4 KIDZ | Contact | Cook, Tanya | Full Time | Υ |
| Address | 120 Enterprise Dr | Phone # | 608-848-5437 | Licensed Capacity | 100 |
| | Verona, WI 53593 | Licensed Date | 05/19/2003 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006637 | Hours | 06:30 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 8000575068 | Location Number | 001 | | |
| Facility Name | TEDDY'S PLACE INC | Contact | Bogart, Sharlot | Full Time | Υ |
| Address | 1514 W Main St | Phone # | 608-837-7876 | Licensed Capacity | 96 |
| | Sun Prairie, WI 53590 | Licensed Date | 01/05/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120455 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000558956 | Location Number | 001 | | |
| Facility Name | TENNEY NURSERY AND PARENT CTR INC | Contact | Guzzetta, Jill | Full Time | Υ |
| Address | 1321 E Mifflin St | Phone # | 608-255-3250 | Licensed Capacity | 57 |
| | Madison, WI 53703 | Licensed Date | 06/05/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120309 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 3000558183 | Location Number | 001 | | |
| Facility Name | THE CARING CENTER | Contact | Kane, Regina | Full Time | Υ |
| Address | 402 W Verona Ave | Phone # | 608-845-8620 | Licensed Capacity | 114 |
| | Verona, WI 53593 | Licensed Date | 06/03/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120024 | Hours | 06:30 AM-05:45 PM | Star Level | 3 Stars |
| Provider Number | 0000557990 | Location Number | 001 | | |
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|-----------------|--|------------------------|----------------------|-------------------|------------------------------------|
| Facility Name | THE LEARNING GARDENS LLC | Contact | Genz, Nichole | Full Time | Υ |
| Address | 441 S Rosa Rd | Phone # | 608-238-6700 | Licensed Capacity | 153 |
| | Madison, WI 53719 | Licensed Date | 03/18/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005194 | Hours | 07:00 AM-05:45 PM | Star Level | 5 Stars |
| Provider Number | 1000572971 | Location Number | 001 | | |
| Facility Name | THE LITTLE COTTAGE INC | Contact | Meuer, Jean | Full Time | Υ |
| Address | 6824 University Ave | Phone # | 608-831-7529 | Licensed Capacity | 20 |
| | Middleton, WI 53562 | Licensed Date | 07/05/1998 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000437 | Hours | 06:30 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000558186 | Location Number | 002 | | |
| Facility Name | THE RESPITE CENTER | Contact | Miller, Margaret | Full Time | Υ |
| Address | 2120 Fordem Ave | Phone # | 608-244-5700 | Licensed Capacity | 12 |
| | Madison, WI 53704 | Licensed Date | 12/02/2010 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015837 | Hours | 08:00 AM-08:00 PM | Star Level | 5 Stars |
| Provider Number | 7000585997 | Location Number | 001 | | |
| Facility Name | THE SEVENTEENTH RADISH | Contact | Plumer, Allison K | Full Time | |
| Address | Ste 1300 | Phone # | 608-845-8111 | Licensed Capacity | 31 |
| | 901 Kimball Ln Verona WI 53593-1752 | Licensed Date | 07/30/2014 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001890 | Hours | 08:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 3000588253 | Location Number | 001 | | |
| Facility Name | TOAD HILL CHILDREN'S HOUSE | Contact | Katzenmeyer, Rebecca | Full Time | Υ |
| Address | 4418 Milwaukee St | Phone # | 608-217-9533 | Licensed Capacity | 28 |
| | Madison, WI 53714 | Licensed Date | 12/02/2005 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| | 1009790 | Hours | 07:00 AM-05:00 PM | Star Level | 5 Stars |
| Facility ID | | | | | |

| Facility Name Address | UNIVERSITY AVE DISCOVERY CTR INC 1609 University Ave | Contact Phone # | Drew, Paula | Full Time | Y |
|--------------------------|--|------------------------|-------------------|--------------------------|-----------------------------------|
| Address | | Phone # | 000 000 5074 | | |
| | | i ilolie # | 608-233-5371 | Licensed Capacity | 64 |
| | Madison, WI 53726 | Licensed Date | 06/03/1997 | From Age | 2 Year(s), 9 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120055 | Hours | 07:15 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 9000557929 | Location Number | 001 | | |
| Facility Name | UNIVERSITY HOUSES PRESCHOOL INC | Contact | Beck, Karen | Full Time | |
| Address | 6033 Odana Rd | Phone # | 608-238-3955 | Licensed Capacity | 20 |
| | Madison, WI 53719-1101 | Licensed Date | 10/01/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120231 | Hours | 08:45 AM-11:45 AM | Star Level | 5 Stars |
| Provider Number | 5000577915 | Location Number | 001 | | |
| Facility Name | UNIVERSITY PRESCHOOL LAB LINDEN | Contact | Riley, Jill | Full Time | Υ |
| Address | 1300 Linden Dr | Phone # | 608-263-4579 | Licensed Capacity | 82 |
| | Madison, WI 53706-1524 | Licensed Date | 03/18/2010 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1015116 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 4000559624 | Location Number | 046 | | |
| Facility Name | UW PRESCHOOL LAB MINERAL PT RD | Contact | Kruse, Abbi | Full Time | Υ |
| Address | 3910 Mineral Point Rd | Phone # | 608-265-4782 | Licensed Capacity | 67 |
| | Madison, WI 53705 | Licensed Date | 09/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1000007 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 4000559624 | Location Number | 013 | | |
| Facility Name | VA KIDS CENTER INC | Contact | Hogan, Cindy | Full Time | Υ |
| Address | 2500 Overlook Ter | Phone # | 608-280-7224 | Licensed Capacity | 38 |
| | Madison, WI 53705 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 6 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120712 | Hours | 06:45 AM-05:45 PM | Star Level | 5 Stars |
| racility ID | | | | | |

| Facility Name | WAISMAN EARLY CHILDHOOD PROGRAM | Contact | Ershler, Joan | Full Time | Υ |
|-----------------|------------------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 1500 Highland Ave | Phone # | 608-263-5760 | Licensed Capacity | 100 |
| | Madison, WI 53705 | Licensed Date | 07/28/2000 | From Age | 1 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 8 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003516 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 4000559624 | Location Number | 009 | | |
| Facility Name | WEEBLEWORLD CHILD CARE CENTER LLC | Contact | Gasner, Margaret | Full Time | Υ |
| Address | 1815 Cedarbrook Ln | Phone # | 608-877-2690 | Licensed Capacity | 74 |
| | Stoughton, WI 53589-5232 | Licensed Date | 01/15/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011495 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown |
| Provider Number | 7000582067 | Location Number | 001 | | |
| Facility Name | WESTSIDE CHRISTIAN PRESCHOOL AND E | Contact | Krentz, Ann | Full Time | Υ |
| Address | 6815 Schneider Rd | Phone # | 608-831-8540 | Licensed Capacity | 30 |
| | Middleton, WI 53562 | Licensed Date | 08/20/2001 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-May | To Age | 14 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004344 | Hours | 07:00 AM-05:30 PM | Star Level | Unknown |
| Provider Number | 4000577824 | Location Number | 001 | | |
| Facility Name | WIL MAR NEIGHBORHOOD CENTER | Contact | Hoerer, Ken | Full Time | |
| Address | 953 Jenifer St | Phone # | 608-257-4576 | Licensed Capacity | 30 |
| | Madison, WI 53703 | Licensed Date | 06/03/1997 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120679 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 0000557920 | Location Number | 001 | | |
| Facility Name | WINDSOR WISHING WELL PRESCH AND CO | Contact | Thompson, Denise | Full Time | Υ |
| Address | 6722 Windsor Ridge Ln | Phone # | 608-846-0890 | Licensed Capacity | 79 |
| | Windsor, WI 53598 | Licensed Date | 05/17/2005 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009154 | Hours | 06:30 AM-05:30 PM | Star Level | 3 Stars |
| Provider Number | 0000579610 | Location Number | 001 | | |

| Facility Name | WISHING WELL 2.0 SCHOOL AGE PROGRAM | Contact | Smozynski, Sheila | Full Time | Υ |
|-----------------|-------------------------------------|------------------------|------------------------|--------------------------|------------------------------------|
| Address | 529 W North St | Phone # | 608-842-0773 | Licensed Capacity | 25 |
| | De Forest, WI 53532-1085 | Licensed Date | 06/05/2013 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2001246 | Hours | 06:15 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 0000581600 | Location Number | 002 | | |
| Facility Name | WISHING WELL PRESCHOOL AND CC | Contact | Smozynski, Sheila | Full Time | Υ |
| Address | 632 Old Indian Trl | Phone # | 608-846-9898 | Licensed Capacity | 88 |
| | De Forest, WI 53532-3079 | Licensed Date | 10/13/2006 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1011082 | Hours | 06:15 AM-05:30 PM | Star Level | 4 Stars |
| Provider Number | 0000581600 | Location Number | 001 | | |
| Facility Name | WOODLAND MONTESSORI SCHOOL | Contact | Ruzicka Trondson, Erin | Full Time | Υ |
| Address | 1124 Colby St | Phone # | 608-256-8076 | Licensed Capacity | 90 |
| | Madison, WI 53715 | Licensed Date | 06/03/1997 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 9 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120057 | Hours | 07:30 AM-05:30 PM | Star Level | 5 Stars |
| Provider Number | 2000557952 | Location Number | 001 | | |
| Facility Name | WOODLAND MONTESSORI TODDLER HOUS | Contact | Ruzicka Trondson, Erin | Full Time | Υ |
| Address | 114 Van Duesen St | Phone # | 608-256-5660 | Licensed Capacity | 20 |
| | Madison, WI 53715 | Licensed Date | 09/05/1999 | From Age | 1 Year(s), 4 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 4 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120844 | Hours | 07:15 AM-05:15 PM | Star Level | 5 Stars |
| Provider Number | 2000557952 | Location Number | 002 | | |
| Facility Name | WOODS HOLLOW CHILDREN'S CENTER | Contact | Fitzgerald, Mary | Full Time | Υ |
| Address | 5470 Research Park Dr | Phone # | 608-273-4433 | Licensed Capacity | 150 |
| | Fitchburg, WI 53711-5369 | Licensed Date | 06/01/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120469 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 7000558197 | Location Number | 001 | | |

| Facility Name | WOODS HOLLOW CHILDRENS CTR SCH AG | Contact | Jensen, Allie Fu | ull Time | Υ |
|-----------------|-----------------------------------|------------------------|----------------------|------------------|------------------------------------|
| Address | 5454 Gunflint Trl | Phone # | 608-535-0071 Li | icensed Capacity | 34 |
| | Fitchburg, WI 53711 | Licensed Date | 06/12/2008 Fr | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jun-Aug To | o Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013258 | Hours | 07:00 AM-06:00 PM St | tar Level | 3 Stars |
| Provider Number | 7000558197 | Location Number | 003 | | |
| Facility Name | YMCA BIRD | Contact | Brody, Seth Fu | ull Time | |
| Address | 1170 N Bird St | Phone # | 608-212-2357 Li | icensed Capacity | 34 |
| | Sun Prairie, WI 53590 | Licensed Date | 11/01/2001 Fr | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004768 | Hours | 07:00 AM-06:00 PM St | tar Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 041 | | |
| Facility Name | YMCA CORE KNOWLEDGE | Contact | Murphy, Stephanie Fu | ull Time | |
| Address | 740 N Main St | Phone # | 608-225-0887 Li | icensed Capacity | 18 |
| | Verona, WI 53593 | Licensed Date | 09/05/2007 Fr | rom Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun To | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1012363 | Hours | 07:00 AM- | tar Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 062 | | |
| Facility Name | YMCA COUNTRY VIEW | Contact | Murphy, Stephanie Fu | ull Time | |
| Address | 710 Lone Pine Way | Phone # | 608-225-8180 Li | icensed Capacity | 50 |
| | Verona, WI 53593 | Licensed Date | 09/10/1998 Fr | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun To | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1003198 | Hours | 07:00 AM-06:00 PM St | tar Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 021 | | |
| Facility Name | YMCA CREEKSIDE | Contact | Brody, Seth Fu | ull Time | |
| Address | 1251 Okeeffe Ave | Phone # | 608-513-7856 Li | icensed Capacity | 50 |
| | Sun Prairie, WI 53590 | Licensed Date | 09/02/2008 Fr | rom Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec To | o Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013566 | Hours | 06:30 AM-06:00 PM | tar Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 071 | | |

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|-----------------|--------------------------|------------------------|-------------------|-------------------|------------------------------------|
| Facility Name | YMCA EAGLE POINT | Contact | Pippert, Virginia | Full Time | |
| Address | 201 N Cleveland Ave | Phone # | 608-712-5831 | Licensed Capacity | 32 |
| | De Forest, WI 53532-1325 | Licensed Date | 02/04/2002 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004968 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 036 | | |
| Facility Name | YMCA EASTSIDE | Contact | Marquez, Joanne | Full Time | |
| Address | 661 Elizabeth Ln | Phone # | 608-225-3704 | Licensed Capacity | 50 |
| | Sun Prairie, WI 53590 | Licensed Date | 08/28/2001 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004421 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 042 | | |
| Facility Name | YMCA EAST Y | Contact | Mccoll, Jason | Full Time | Υ |
| Address | 711 Cottage Grove Rd | Phone # | 608-221-1571 | Licensed Capacity | 75 |
| | Madison, WI 53716 | Licensed Date | 06/01/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1006857 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 001 | | |
| Facility Name | YMCA ELVEHJEM | Contact | Mccoll, Jason | Full Time | |
| Address | 5106 Academy Dr | Phone # | 608-222-8284 | Licensed Capacity | 50 |
| | Madison, WI 53716 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120654 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 007 | | |
| Facility Name | YMCA GLACIER EDGE | Contact | Ehle, Chris | Full Time | |
| Address | 800 Kimball Ave | Phone # | 608-279-0921 | Licensed Capacity | 45 |
| | Verona, WI 53593 | Licensed Date | 09/01/2006 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| | | | • | • | |
| Facility ID | 1011096 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |

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|-------------------------|---------------------------|-----------------|------------------------------|----------------------|--|
| Facility Name | YMCA GOMPERS | Contact | Murphy, Megan | Full Time | |
| Address | 1502 Wyoming Way | Phone # | 608-246-8682 | Licensed Capacity | 28 |
| | Madison, WI 53704 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120598 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 010 | | |
| Facility Name | YMCA HORIZON | Contact | Krigbaum, Aaron | Full Time | |
| Address | 625 Heatherstone Rdg | Phone # | 608-225-0246 | Licensed Capacity | 51 |
| | Sun Prairie, WI 53590 | Licensed Date | 09/01/2005 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1009603 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 057 | | |
| Facility Name | YMCA HUEGEL | Contact | Murphy, Stephanie | Full Time | |
| Address | 2601 Prairie Rd | Phone # | 608-225-7063 | Licensed Capacity | 45 |
| | Madison, WI 53711 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120285 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 011 | | |
| Facility Name | YMCA KENNEDY | Contact | Mccoll, Jason | Full Time | |
| Address | 221 Meadowlark Dr | Phone # | 608-669-0639 | Licensed Capacity | 55 |
| | Madison, WI 53714 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120291 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 012 | | |
| Facility Name | YMCA NORTHEAST Y | Contact | Waak, Caprise | Full Time | Υ |
| Address | 1470 Don Simon Dr | Phone # | 608-837-8221 | Licensed Capacity | 120 |
| | Sun Prairie, WI 53590 | Licensed Date | 09/17/2007 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| | | | | • | |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Category Facility ID | LICENSED GROUP 1012201 | Months Hours | Jan-Dec 06:30 AM-06:00 PM | To Age Star Level | 13 Year(s), 11 Month(s), 0 Week(s) 4 Stars |

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|-----------------|--------------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Facility Name | YMCA NORTHSIDE MIDDLETON | Contact | Murphy, Stephanie | Full Time | |
| Address | 3620 High Rd | Phone # | 608-225-8382 | Licensed Capacity | 50 |
| | Middleton, WI 53562 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120319 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 017 | | |
| Facility Name | YMCA OLSON | Contact | Ehle, Chris | Full Time | Υ |
| Address | 801 Redan Dr | Phone # | 608-444-4437 | Licensed Capacity | 45 |
| | Verona, WI 53593 | Licensed Date | 09/02/2008 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013580 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 072 | | |
| Facility Name | YMCA ORCHARD RIDGE | Contact | Murphy, Stephanie | Full Time | |
| Address | 5602 Russett Rd | Phone # | 608-225-0227 | Licensed Capacity | 36 |
| | Madison, WI 53711 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120286 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 013 | | |
| Facility Name | YMCA OREGON | Contact | Murphy, Stephanie | Full Time | Υ |
| Address | 276 Soden Dr | Phone # | 608-835-4147 | Licensed Capacity | 50 |
| | Oregon, WI 53575 | Licensed Date | 02/14/2005 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008834 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 054 | | |
| Facility Name | YMCA ROYAL OAKS | Contact | Brody, Seth | Full Time | |
| Address | 2215 Pennsylvania Ave | Phone # | 608-712-5832 | Licensed Capacity | 32 |
| | Sun Prairie, WI 53590 | Licensed Date | 02/04/2002 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Aug-May | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1005061 | Hours | 06:30 AM-06:00 PM | Star Level | 3 Stars |
| - , | | | | | |

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|-----------------|---------------------|-----------------|-------------------|-------------------|------------------------------------|
| Facility Name | YMCA SAUK TRAIL | Contact | Murphy, Stephanie | Full Time | |
| Address | 2205 Branch St | Phone # | 608-513-0855 | Licensed Capacity | 32 |
| | Middleton, WI 53562 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120295 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 019 | | |
| Facility Name | YMCA SCHENK | Contact | Mccoll, Jason | Full Time | |
| Address | 230 Schenk St | Phone # | 608-241-2318 | Licensed Capacity | 55 |
| | Madison, WI 53714 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120290 | Hours | 07:00 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 015 | | |
| Facility Name | YMCA STONER PRAIRIE | Contact | Murphy, Stephanie | Full Time | |
| Address | 5830 Devoro Rd | Phone # | 608-225-8732 | Licensed Capacity | 80 |
| | Fitchburg, WI 53711 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120342 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 023 | | |
| Facility Name | YMCA SUGAR CREEK | Contact | Murphy, Stephanie | Full Time | |
| Address | 420 Church Ave | Phone # | 608-225-8262 | Licensed Capacity | 32 |
| | Verona, WI 53593 | Licensed Date | 09/10/1998 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1004434 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 022 | | |
| Facility Name | YMCA SUNSET RIDGE | Contact | Ehle, Chris | Full Time | |
| Address | 8686 Airport Rd | Phone # | 608-212-7034 | Licensed Capacity | 60 |
| | Middleton, WI 53562 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 13 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120779 | Hours | 07:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 020 | | |

| Facility Name | YMCA WEST | Contact | Cameron, Heather | Full Time | Υ |
|-----------------|-----------------------|------------------------|-------------------|--------------------------|------------------------------------|
| Address | 5515 Medical Cir | Phone # | 608-276-6606 | Licensed Capacity | 50 |
| | Madison, WI 53719 | Licensed Date | 06/16/1997 | From Age | 2 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120334 | Hours | 06:30 AM-06:00 PM | Star Level | 5 Stars |
| Provider Number | 6000559066 | Location Number | 002 | | |
| Facility Name | YMCA WESTSIDE | Contact | Marquez, Joanne | Full Time | |
| Address | 1320 Buena Vista Dr | Phone # | 608-225-2375 | Licensed Capacity | 24 |
| | Sun Prairie, WI 53590 | Licensed Date | 09/01/2009 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1014593 | Hours | 07:00 AM-06:30 PM | Star Level | 3 Stars |
| Provider Number | 6000559066 | Location Number | 073 | | |
| Facility Name | YMCA WINDSOR | Contact | Mccoll, Jason | Full Time | |
| Address | 4352 Windsor Rd | Phone # | 608-513-0387 | Licensed Capacity | 32 |
| | Windsor, WI 53598 | Licensed Date | 09/10/1998 | From Age | 5 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120557 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 025 | | |
| Facility Name | YMCA WINNEQUAH | Contact | Murphy, Megan | Full Time | Υ |
| Address | 800 Greenway Rd | Phone # | 608-669-7695 | Licensed Capacity | 32 |
| | Monona, WI 53716 | Licensed Date | 09/01/2011 | From Age | 4 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 2000140 | Hours | 07:00 AM-06:00 PM | Star Level | 2 Stars |
| Provider Number | 6000559066 | Location Number | 077 | | |